

Form **990-PF**

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

**2003**Department of the Treasury  
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2003, or tax year beginning , and ending

☐ G Check all that apply ☐ Initial return ☐ Final return ☒ Amended return ☐ Address change ☐ Name change

 Use the IRS  
label  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

Name of organization

**FOUNDATION FOR SEACOAST HEALTH**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

**100 CAMPUS DRIVE, SUITE 1**

City or town, state, and ZIP code

**PORTSMOUTH NH 03801**
**A Employer identification number**  
**02-0386319**
**B Telephone number (see page 10 of the instructions)**  
**603-422-8204**
**C** If exemption application is pending, check here ☐**D 1.** Foreign organizations, check here ☐
**2.** Foreign organizations meeting the  
85% test, check here and attach computation ☐
**E** If private foundation status was terminated  
under section 507(b)(1)(A), check here ☐
**F** If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐
**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end  
of year (from Part II, col (c),  
line 16) **\$ 66,238,876** **J** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

**Part I Analysis of Revenue and Expenses** (The  
total of amounts in columns (b), (c), & (d) may not necessarily  
equal the amounts in column (a) (see page 10 of the instr.))
(a) Revenue and  
expenses per  
books(b) Net investment  
income(c) Adjusted  
income(d) Disbursements  
for charitable  
purposes  
(cash basis only)

|     |                                                                                                                                                    |            |           |         |           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------|-----------|
| 1   | Contributions, gifts, grants, etc., received (attach schedule)<br>Check <input type="checkbox"/> if the foundation is not required to attach Sch B | 50,759     |           |         |           |
| 2   | Distributions from split-interest trusts                                                                                                           |            |           |         |           |
| 3   | Interest on savings and temporary cash investments                                                                                                 | 8,097      | 8,097     |         |           |
| 4   | Dividends and interest from securities                                                                                                             | 911,880    | 911,880   |         |           |
| 5a  | Gross rents                                                                                                                                        |            |           |         |           |
| b   | (Net rental income or (loss) _____)                                                                                                                |            |           |         |           |
| 6a  | Net gain or (loss) from sale of assets not on line 10                                                                                              | 800,313    |           |         |           |
| b   | Gross sales price for all assets on line 6a <b>5,391,273</b>                                                                                       |            |           |         |           |
| 7   | Capital gain net income (from Part IV, line 2) <b>STMT 1</b>                                                                                       |            | 800,313   |         |           |
| 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) (attach schedule)                                                                                                           |            |           |         |           |
| 11  | Other income (attach schedule) <b>STMT 2</b>                                                                                                       | 480,907    |           | 480,907 |           |
| 12  | Total. Add lines 1 through 11                                                                                                                      | 2,251,956  | 1,720,290 | 480,907 |           |
| 13  | Compensation of officers, directors, trustees, etc                                                                                                 | 179,569    | 16,001    |         | 163,568   |
| 14  | Other employee salaries and wages                                                                                                                  |            |           |         |           |
| 15  | Pension plans, employee benefits                                                                                                                   | 133,619    | 11,392    |         | 88,852    |
| 16a | Legal fees (attach schedule) <b>STMT 3</b>                                                                                                         | 6,212      |           | 741     | 5,471     |
| b   | Accounting fees (attach schedule) <b>STMT 4</b>                                                                                                    | 21,826     |           |         | 18,826    |
| c   | Other professional fees (att. schedule) <b>STMT 5</b>                                                                                              | 49,138     | 28,311    |         | 20,827    |
| 17  | Interest                                                                                                                                           | 548,681    |           | 78,234  | 472,665   |
| 18  | Taxes (att. schedule) (see pg 13 of the instr.) <b>STMT 6</b>                                                                                      | 31,573     |           |         |           |
| 19  | Depreciation (att. schedule) & depletion                                                                                                           | 501,185    |           | 70,166  |           |
| 20  | Occupancy                                                                                                                                          | 359,121    |           | 50,690  | 308,419   |
| 21  | Travel, conferences, and meetings                                                                                                                  | 8,881      |           |         | 8,212     |
| 22  | Printing and publications                                                                                                                          | 484        |           |         |           |
| 23  | Other expenses (attach schedule) <b>STMT 7</b>                                                                                                     | 1,075,891  | 85,913    | 280,488 | 727,482   |
| 24  | Total operating and administrative expenses.<br>Add lines 13 through 23                                                                            | 2,916,180  | 141,617   | 480,319 | 1,814,322 |
| 25  | Contributions, gifts, grants paid                                                                                                                  | 1,205,032  |           |         | 1,390,850 |
| 26  | Total expenses and disbursements. Add lines 24 and 25                                                                                              | 4,121,212  | 141,617   | 480,319 | 3,205,172 |
| 27  | Subtract line 26 from line 12.                                                                                                                     |            |           |         |           |
| a   | Excess of revenue over expenses and disbursements                                                                                                  | -1,869,256 |           |         |           |
| b   | Net investment income (if negative, enter -0-)                                                                                                     |            | 1,578,673 |         |           |
| c   | Adjusted net income (if negative, enter -0-)                                                                                                       |            |           | 588     |           |

 STATUTE UNIT  
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FEB 28 2019

 TPR BRANCH  
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FEB 28 2019

 NO STATUTE ISSUE  
FEB 24 2019  
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| Part II. Balance Sheets |                                                                                                                                          | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                | Beginning of year     | End of year |            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------|------------|
|                         |                                                                                                                                          | (a) Book Value                                                                                                     | (b) Book Value | (c) Fair Market Value |             |            |
| 1                       | Cash-non-interest-bearing                                                                                                                |                                                                                                                    |                | 28,674                | 43,225      | 43,225     |
| 2                       | Savings and temporary cash investments                                                                                                   |                                                                                                                    |                | 68,251                | 132,738     | 132,738    |
| 3                       | Accounts receivable ▶                                                                                                                    | 76,579                                                                                                             |                | 88,191                | 76,579      | 76,579     |
|                         | 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 (attach schedule) (see page 15 of the instructions)   |                                                                                                                    |                |                       |             |            |
| 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 (attach schedule)                                                                      | STMT 8                                                                                                             |                | 92,996                | 104,719     | 104,719    |
| b                       | Investments-corporate stock (attach schedule)                                                                                            | STMT 9                                                                                                             |                | 28,585,258            | 38,640,747  | 38,640,747 |
| c                       | Investments-corporate bonds (attach schedule)                                                                                            | STMT 10                                                                                                            |                | 17,296,957            | 13,223,433  | 13,223,433 |
| 11                      | Investments-land, buildings, and equipment: basis ▶                                                                                      |                                                                                                                    |                |                       |             |            |
|                         | Less: accumulated depreciation ▶                                                                                                         |                                                                                                                    |                |                       |             |            |
| 12                      | Investments-mortgage loans                                                                                                               |                                                                                                                    |                |                       |             |            |
| 13                      | Investments-other (attach schedule)                                                                                                      |                                                                                                                    |                |                       |             |            |
| 14                      | Land, buildings, and equipment: basis ▶                                                                                                  | 16,203,490                                                                                                         |                |                       |             |            |
|                         | Less: accumulated depreciation ▶ STMT 11                                                                                                 | 2,446,001                                                                                                          |                | 14,232,518            | 13,757,489  | 13,757,489 |
| 15                      | Other assets (describe ▶ SEE STMT 12 )                                                                                                   |                                                                                                                    |                | 256,834               | 259,946     | 259,946    |
| 16                      | Total assets (to be completed by all filers-see page 16 of the instructions. Also, see page 1, item I)                                   |                                                                                                                    |                | 60,649,679            | 66,238,876  | 66,238,876 |
| 17                      | Accounts payable and accrued expenses                                                                                                    |                                                                                                                    |                | 77,708                | 73,169      |            |
| 18                      | Grants payable                                                                                                                           |                                                                                                                    |                | 835,000               | 651,182     |            |
| 19                      | Deferred revenue                                                                                                                         |                                                                                                                    |                |                       |             |            |
| 20                      | Loans from officers, directors, trustees, and other disqualified persons                                                                 |                                                                                                                    |                |                       |             |            |
| 21                      | Mortgages and other notes payable (att. schedule) SEE WORKSHEET                                                                          |                                                                                                                    |                | 14,795,000            | 14,795,000  |            |
| 22                      | Other liabilities (describe ▶ SEE STMT 13 )                                                                                              |                                                                                                                    |                | 1,081,714             | 905,456     |            |
| 23                      | Total liabilities (add lines 17 through 22)                                                                                              |                                                                                                                    |                | 16,789,422            | 16,424,807  |            |
|                         | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                                                                                                                    |                |                       |             |            |
| 24                      | Unrestricted                                                                                                                             |                                                                                                                    |                | 43,627,585            | 49,544,401  |            |
| 25                      | Temporarily restricted                                                                                                                   |                                                                                                                    |                | 232,672               | 269,668     |            |
| 26                      | Permanently restricted                                                                                                                   |                                                                                                                    |                |                       |             |            |
|                         | Organizations 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                      | Total net assets or fund balances (see page 17 of the instructions)                                                                      |                                                                                                                    |                | 43,860,257            | 49,814,069  |            |
| 31                      | Total liabilities and net assets/fund balances (see page 17 of the instructions)                                                         |                                                                                                                    |                | 60,649,679            | 66,238,876  |            |

## 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 | 43,860,257 |
| 2 | Enter amount from Part I, line 27a                                                                                                                       | 2 | -1,869,256 |
| 3 | Other increases not included in line 2 (itemize) ▶ SEE STMT 14                                                                                           | 3 | 9,772,326  |
| 4 | Add lines 1, 2, and 3                                                                                                                                    | 4 | 51,763,327 |
| 5 | Decreases not included in line 2 (itemize) ▶ SEE STMT 15                                                                                                 | 5 | 1,949,258  |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30                                                      | 6 | 49,814,069 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) |  | (b) How acquired<br>P-Purchase<br>D-Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--------------------------------------|----------------------------------|
| <b>1a INV. SALE - SHORT TERM (SEE SCHEDULE</b>                                                                                     |  | <b>P</b>                                     | <b>VARIOUS</b>                       | <b>VARIOUS</b>                   |
| <b>b INV. SALE - LONG TERM (SEE SCHEDULE)</b>                                                                                      |  | <b>P</b>                                     | <b>VARIOUS</b>                       | <b>VARIOUS</b>                   |
| <b>c CAPITAL GAINS DISTRIBUTION</b>                                                                                                |  |                                              |                                      |                                  |
| <b>d</b>                                                                                                                           |  |                                              |                                      |                                  |
| <b>e</b>                                                                                                                           |  |                                              |                                      |                                  |

  

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <b>a 2,384,838</b>    |                                            | <b>2,413,955</b>                                | <b>-29,117</b>                               |
| <b>b 2,589,909</b>    |                                            | <b>2,177,005</b>                                | <b>412,904</b>                               |
| <b>c 416,526</b>      |                                            |                                                 | <b>416,526</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) F M V as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|--------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>a</b>                 |                                      |                                               | <b>-29,117</b>                                                                               |
| <b>b</b>                 |                                      |                                               | <b>412,904</b>                                                                               |
| <b>c</b>                 |                                      |                                               | <b>416,526</b>                                                                               |
| <b>d</b>                 |                                      |                                               |                                                                                              |
| <b>e</b>                 |                                      |                                               |                                                                                              |

  

|                                                                                       |                                                                                                                                                                                                                                                                                                                                |          |                |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|
| <b>2 Capital gain net income or (net capital loss)</b>                                | <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div> </div>                                                       | <b>2</b> | <b>800,313</b> |
| <b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)</b> | <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the Instructions)<br/>           If (loss), enter -0- in Part I, line 8         </div> </div> | <b>3</b> | <b>-29,117</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 organization liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 17 of the instructions before making any entries

| (a) Base period years<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col (b) divided by col (c)) |
|-------------------------------------------------------------------|---------------------------------------|-------------------------------------------|--------------------------------------------------------|
| 2002                                                              | 3,261,783                             | 47,628,017                                | 6.848454                                               |
| 2001                                                              | 3,773,190                             | 52,160,572                                | 7.233797                                               |
| 2000                                                              | 4,480,696                             | 57,778,293                                | 7.754982                                               |
| 1999                                                              | 12,776,693                            | 61,731,799                                | 20.697101                                              |
| 1998                                                              | 3,891,162                             | 62,003,852                                | 6.275678                                               |

  

|                                                                                                                                                                                                                                       |          |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>2 Total of line 1, column (d)</b>                                                                                                                                                                                                  | <b>2</b> | <b>48.810012</b>  |
| <b>3 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years</b>                                                   | <b>3</b> | <b>9.762002</b>   |
| <b>4 Enter the net value of noncharitable-use assets for 2003 from Part X, line 5</b>                                                                                                                                                 | <b>4</b> | <b>47,262,926</b> |
| <b>5 Multiply line 4 by line 3</b>                                                                                                                                                                                                    | <b>5</b> | <b>4,613,808</b>  |
| <b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>                                                                                                                                                                   | <b>6</b> | <b>15,787</b>     |
| <b>7 Add lines 5 and 6</b>                                                                                                                                                                                                            | <b>7</b> | <b>4,629,595</b>  |
| <b>8 Enter qualifying distributions from Part XII, line 4</b><br>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 on page 17 | <b>8</b> | <b>3,231,328</b>  |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-see page 17 of the instructions)**

|    |                                                                                                                                                                                                                   |    |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling letter (attach copy of ruling letter if necessary-see instructions) |    |        |
| b  | Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                 | 1  | 31,573 |
| c  | All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                          | 2  | 0      |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                         | 3  | 31,573 |
| 3  | Add lines 1 and 2                                                                                                                                                                                                 | 4  | 0      |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                       | 5  | 31,573 |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                           |    |        |
| 6  | Credits/Payments                                                                                                                                                                                                  |    |        |
| a  | 2003 estimated tax payments and 2002 overpayment credited to 2003                                                                                                                                                 | 6a | 22,184 |
| b  | Exempt foreign organizations-tax withheld at source                                                                                                                                                               | 6b |        |
| c  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                               | 6c |        |
| d  | Backup withholding erroneously withheld                                                                                                                                                                           | 6d |        |
| 7  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                               | 7  | 22,184 |
| 8  | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                 | 8  |        |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                     | 9  | 9,389  |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                         | 10 |        |
| 11 | Enter the amount of line 10 to be Credited to 2004 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                       | 11 |        |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                                 |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 18 of the instructions for definition)?<br>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 organization in connection with the activities |     | X  |
| c Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                  |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.<br>(1) On the organization <input type="checkbox"/> \$ (2) On organization managers <input type="checkbox"/> \$                                                                                                                                      |     |    |
| e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers <input type="checkbox"/> \$                                                                                                                                                                                    |     |    |
| 2 Has the organization engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                          |     | X  |
| 3 Has the organization 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                                                                                                                            |     | X  |
| 4a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                          |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                        |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                      |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument or<br>• 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?                        | X   |    |
| 7 Did the organization have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV                                                                                                                                                                                                                      | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> NH                                                                                                                                                                                                          |     |    |
| b If the answer is "Yes" to line 7, has the organization 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                                                                                                                                           | X   |    |
| 9 Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2003 or the taxable year beginning in 2003 (see instructions for Part XIV on page 25)? If "Yes," complete Part XIV                                                                                       |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names & addresses                                                                                                                                                                                                                       |     | X  |
| 11 Did the organization comply with the public inspection requirements for its annual returns and exemption application?<br>Web site address <input type="checkbox"/>                                                                                                                                                                                     | X   |    |
| 12 The books are in care of <input type="checkbox"/> NANCY CUTTER, ADMIN ASST Telephone no <input type="checkbox"/> 603-422-8204<br>Located at <input type="checkbox"/> 100 CAMPUS DRIVE, STE 1, PORTSMOUTH, NH ZIP+4 <input type="checkbox"/> 03801                                                                                                      |     |    |
| 13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/>                                                                                                                |     |    |

N/A

**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                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>1a</b> During the year did the organization (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 organization 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>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 19 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                              | N/A <input type="checkbox"/>            |                                        |
| <b>c</b> Did the organization 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 2003?                                                                                                                                                                                                                                                                                                           |                                         | <input checked="" type="checkbox"/>    |
| <b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).                                                                                                                                                                                                                                                                                                                    |                                         |                                        |
| <b>a</b> At the end of tax year 2003, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2003? If "Yes," list the years 20 , 20 , 20 , 19                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>b</b> Are there any years listed in 2a for which the organization 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 page 19 of the instructions.)                                                                                                                                                                            |                                         | <input checked="" type="checkbox"/>    |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 19                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                        |
| <b>3a</b> Did the organization 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>b</b> If "Yes," did it have excess business holdings in 2003 as a result of (1) any purchase by the organization 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 organization had excess business holdings in 2003.) |                                         | <input checked="" type="checkbox"/>    |
| <b>4a</b> Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                  |                                         | <input checked="" type="checkbox"/>    |
| <b>b</b> Did the organization 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 2003?                                                                                                                                                                                                                                                                 |                                         | <input checked="" type="checkbox"/>    |
| <b>5a</b> During the year did the organization 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?                                                                                                                                                                                                                                                                                                                                                       | <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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                           | N/A <input type="checkbox"/>            |                                        |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the organization 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 <input type="checkbox"/> Yes        | <input type="checkbox"/> No            |
| <b>6a</b> Did the organization, 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 organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                        |                                         | <input checked="" type="checkbox"/>    |
| If you answered "Yes" to 6b, also file Form 8870.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                        |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions):**

| (a) Name and address    | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contrib to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| <b>SEE STATEMENT 16</b> |                                                           |                                           |                                                                 |                                       |
|                         |                                                           |                                           |                                                                 |                                       |
|                         |                                                           |                                           |                                                                 |                                       |
|                         |                                                           |                                           |                                                                 |                                       |
|                         |                                                           |                                           |                                                                 |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1-see page 20 of the instructions).**

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 |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| <b>NONE</b>                                                   |                                                          |                  |                                                                       |                                       |
|                                                               |                                                          |                  |                                                                       |                                       |
|                                                               |                                                          |                  |                                                                       |                                       |
|                                                               |                                                          |                  |                                                                       |                                       |
|                                                               |                                                          |                  |                                                                       |                                       |
|                                                               |                                                          |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000 ▶**3 Five highest-paid independent contractors for professional services-(see page 20 of the instructions). If none, enter**

"NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| <b>NONE</b>                                                 |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |

Total number of others receiving over \$50,000 for professional services ▶**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1 NONE</b>                                                                                                                                                                                                                                         |          |
| <b>2</b>                                                                                                                                                                                                                                              |          |
| <b>3</b>                                                                                                                                                                                                                                              |          |
| <b>4</b>                                                                                                                                                                                                                                              |          |

**Part IX-B Summary of Program-Related Investments** (see page 21 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1 NONE</b>                                                                                                    |        |
| <b>2</b>                                                                                                         |        |
| All other program-related investments See page 21 of the instructions                                            |        |
| <b>3</b>                                                                                                         |        |
| <b>Total</b> Add lines 1 through 3                                                                               |        |

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see page 21 of the instructions.)

|                                                                                                                                   |           |            |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes               |           |            |
| <b>a</b> Average monthly fair market value of securities                                                                          | <b>1a</b> | 47,531,766 |
| <b>b</b> Average of monthly cash balances                                                                                         | <b>1b</b> | 450,900    |
| <b>c</b> Fair market value of all other assets (see page 22 of the instructions)                                                  | <b>1c</b> | 0          |
| <b>d</b> Total (add lines 1a, b, and c)                                                                                           | <b>1d</b> | 47,982,666 |
| <b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)                | <b>1e</b> | 0          |
| <b>2</b> Acquisition indebtedness applicable to line 1 assets                                                                     | <b>2</b>  | 0          |
| <b>3</b> Subtract line 2 from line 1d                                                                                             | <b>3</b>  | 47,982,666 |
| <b>4</b> Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions) | <b>4</b>  | 719,740    |
| <b>5</b> Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                     | <b>5</b>  | 47,262,926 |
| <b>6</b> Minimum investment return. Enter 5% of line 5                                                                            | <b>6</b>  | 2,363,146  |

**Part XI Distributable Amount** (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

|                                                                                                            |           |           |
|------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> Minimum investment return from Part X, line 6                                                     | <b>1</b>  | 2,363,146 |
| <b>2a</b> Tax on investment income for 2003 from Part VI, line 5                                           | <b>2a</b> | 31,573    |
| <b>b</b> Income tax for 2003 (This does not include the tax from Part VI)                                  | <b>2b</b> |           |
| <b>c</b> Add lines 2a and 2b                                                                               | <b>2c</b> | 31,573    |
| <b>3</b> Distributable amount before adjustments Subtract line 2c from line 1                              | <b>3</b>  | 2,331,573 |
| <b>4a</b> Recoveries of amounts treated as qualifying distributions                                        | <b>4a</b> |           |
| <b>b</b> Income distributions from section 4947(a)(2) trusts                                               | <b>4b</b> |           |
| <b>c</b> Add lines 4a and 4b                                                                               | <b>4c</b> |           |
| <b>5</b> Add lines 3 and 4c                                                                                | <b>5</b>  | 2,331,573 |
| <b>6</b> Deduction from distributable amount (see page 23 of the instructions)                             | <b>6</b>  |           |
| <b>7</b> Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 2,331,573 |

**Part XII Qualifying Distributions** (see page 23 of the instructions)

|                                                                                                                                                                               |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.                                                                           |                     |
| <b>a</b> Expenses, contributions, gifts, etc.-total from Part I, column (d), line 26                                                                                          | <b>1a</b> 3,205,172 |
| <b>b</b> Program-related investments-Total from Part IX-B                                                                                                                     | <b>1b</b>           |
| <b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                                            | <b>2</b> 26,156     |
| <b>3</b> Amounts set aside for specific charitable projects that satisfy the.                                                                                                 |                     |
| <b>a</b> Suitability test (prior IRS approval required)                                                                                                                       | <b>3a</b>           |
| <b>b</b> Cash distribution test (attach the required schedule)                                                                                                                | <b>3b</b>           |
| <b>4</b> Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                            | <b>4</b> 3,231,328  |
| <b>5</b> Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 24 of the instructions) | <b>5</b> 0          |
| <b>6</b> Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                       | <b>6</b> 3,231,328  |

**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

**Part XIII Undistributed Income** (see page 24 of the instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2002 | (c)<br>2002 | (d)<br>2003      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|------------------|
| <b>1</b> Distributable amount for 2003 from Part XI, line 7                                                                                                                       |               |                            |             | <b>2,331,573</b> |
| <b>2</b> Undistributed income, if any, as of the end of 2002                                                                                                                      |               |                            |             |                  |
| <b>a</b> Enter amount for 2002 only                                                                                                                                               |               |                            |             |                  |
| <b>b</b> Total for prior years 20____, 20____, 19____                                                                                                                             |               |                            |             |                  |
| <b>3</b> Excess distributions carryover, if any, to 2003                                                                                                                          |               |                            |             |                  |
| <b>a</b> From 1998                                                                                                                                                                | 924,537       |                            |             |                  |
| <b>b</b> From 1999                                                                                                                                                                | 9,785,901     |                            |             |                  |
| <b>c</b> From 2000                                                                                                                                                                | 1,679,990     |                            |             |                  |
| <b>d</b> From 2001                                                                                                                                                                | 1,189,177     |                            |             |                  |
| <b>e</b> From 2002                                                                                                                                                                | 900,482       |                            |             |                  |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 14480087      |                            |             |                  |
| <b>4</b> Qualifying distributions for 2003 from Part XII, line 4. ▶ \$ <b>3,231,328</b>                                                                                           |               |                            |             |                  |
| <b>a</b> Applied to 2002, but not more than line 2a                                                                                                                               |               |                            |             |                  |
| <b>b</b> Applied to undistributed income of prior years (Election required-see page 24 of the instructions)                                                                       |               |                            |             |                  |
| <b>c</b> Treated as distributions out of corpus (Election required-see page 24 of the instructions)                                                                               |               |                            |             |                  |
| <b>d</b> Applied to 2003 distributable amount                                                                                                                                     |               |                            |             | <b>2,331,573</b> |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 899,755       |                            |             |                  |
| <b>5</b> Excess distributions carryover applied to 2003 (If an amount appears in column (d), the same amount must be shown in column (a).)                                        |               |                            |             |                  |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   | 15379842      |                            |             |                  |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                         |               |                            |             |                  |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               |                            |             |                  |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |             |                  |
| <b>d</b> Subtract line 6c from line 6b Taxable amount-see page 24 of the instructions                                                                                             |               |                            |             |                  |
| <b>e</b> Undistributed income for 2002 Subtract line 4a from line 2a Taxable amount-see page 24 of the instructions                                                               |               |                            |             |                  |
| <b>f</b> Undistributed income for 2003 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2004                                                               |               |                            |             |                  |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)                   |               |                            |             |                  |
| <b>8</b> Excess distributions carryover from 1998 not applied on line 5 or line 7 (see page 25 of the instructions)                                                               | 924,537       |                            |             |                  |
| <b>9</b> Excess distributions carryover to 2004. Subtract lines 7 and 8 from line 6a                                                                                              | 14455305      |                            |             |                  |
| <b>10</b> Analysis of line 9                                                                                                                                                      |               |                            |             |                  |
| <b>a</b> Excess from 1999                                                                                                                                                         | 9,785,901     |                            |             |                  |
| <b>b</b> Excess from 2000                                                                                                                                                         | 1,679,990     |                            |             |                  |
| <b>c</b> Excess from 2001                                                                                                                                                         | 1,189,177     |                            |             |                  |
| <b>d</b> Excess from 2002                                                                                                                                                         | 900,482       |                            |             |                  |
| <b>e</b> Excess from 2003                                                                                                                                                         | 899,755       |                            |             |                  |

**Part XIV Private Operating Foundations** (see page 25 of the instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2003, enter the date of the ruling ▶

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

|                                                                                                                                                          | Tax year | Prior 3 years |          |          | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                          | (a) 2003 | (b) 2002      | (c) 2001 | (d) 2000 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities<br>Subtract line 2d from line 2c                                 |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                       |          |               |          |          |           |
| <b>a</b> "Assets" alternative test-enter:                                                                                                                |          |               |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test-Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test-enter:                                                                                                               |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                         |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                       |          |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see page 25 of the instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)  
**N/A**

**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  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 25 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:  
**FOUNDATION FOR SEACOAST HEALTH / SUSAN BUNTING / NANCY CUTTER**  
**100 CAMPUS DRIVE, SUITE 1, PORTSMOUTH, NH 03801 / 603-422-8204**

**b** The form in which applications should be submitted and information and materials they should include  
**SEE STMT 17**

**c** Any submission deadlines.  
**SEE STMT 18**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**SEE STMT 19**

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

| Recipient<br>Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount           |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------------|
| a Paid during the year                           |                                                                                                                    |                                      |                                     |                  |
| <b>SCHOLARSHIPS-SEE SCHEDULE</b>                 |                                                                                                                    |                                      |                                     | 47,000           |
| <b>GIFTS/CONTR.-SEE SCHEDULE</b>                 |                                                                                                                    |                                      |                                     | 9,750            |
| <b>GRANTS-SEE SCHEDULE</b>                       |                                                                                                                    |                                      |                                     | 1,334,100        |
| <b>Total</b>                                     |                                                                                                                    |                                      | ▶ 3a                                | <b>1,390,850</b> |
| b Approved for future payment                    |                                                                                                                    |                                      |                                     |                  |
| <b>SEE ATTACHED SCHEDULE</b>                     |                                                                                                                    |                                      |                                     | 651,182          |
| <b>Total</b>                                     |                                                                                                                    |                                      | ▶ 3b                                | <b>651,182</b>   |



## DAA

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2003**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

Employer identification number

**FOUNDATION FOR SEACOAST HEALTH****02-0386319**

Organization type (check one)

Filers of.

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

- ☒
- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

- ☐
- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III.)

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)For Paperwork Reduction Act Notice, see the Instructions  
for Form 990 and Form 990-EZ.

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

FOUNDATION FOR SEACOAST HEALTH

Employer identification number

02-0386319

**Part I** Contributors (See Specific Instructions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                 |
|------------|-----------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | EUGENE VAIL TRUST<br>NORTHERN TRUST BANK OF FLORIDA<br>1515 RINGLING BOULEVARD<br>SARASOTA FL 34236 | \$ 24,309                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 2          | CHARLES THAYER, MD<br>P.O. BOX 751<br>NEW CASTLE, NH 03854                                          | \$ 5,750                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 3          | FRANK JELLINEK<br>P.O. BOX 578<br>RYE BEACH, NH 03871                                               | \$ 14,000                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
|            |                                                                                                     | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                                                                                     | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                                                                                     | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |

Name of organization

FOUNDATION FOR SEACOAST HEALTH

Employer identification number

02-0386319

**Part II** Noncash Property (See Specific Instructions.)

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                                                            | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| 3                         | ORIENTAL RUG, 9 X 12, FROM IRAN<br>WOVEN IN CLASSIC PATTERN WITH<br>SILK FOUNDATION AND MOHAIR WOOL,<br>WITH 500-600 KNOTS PER SQ INCH. | \$ 14,000                                      |                      |
|                           |                                                                                                                                         | \$                                             |                      |
|                           |                                                                                                                                         | \$                                             |                      |
|                           |                                                                                                                                         | \$                                             |                      |
|                           |                                                                                                                                         | \$                                             |                      |
|                           |                                                                                                                                         | \$                                             |                      |
|                           |                                                                                                                                         | \$                                             |                      |

|                                                            |                                          |                                                     |
|------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| Forms<br><b>990 / 990-PF</b>                               | <b>Mortgages and Other Notes Payable</b> | <b>2003</b>                                         |
| Name<br><b>FOUNDATION FOR SEACOAST HEALTH</b>              |                                          | Employer Identification Number<br><b>02-0386319</b> |
| For calendar year 2003, or tax year beginning , and ending |                                          |                                                     |

**FORM 990-PF, PART II, LINE 21 - ADDITIONAL INFORMATION**

| Name of lender                                   | Relationship to disqualified person |
|--------------------------------------------------|-------------------------------------|
| (1) <b>1998 SERIES A VARIABLE BOND - EXEMPT</b>  | <b>NONE</b>                         |
| (2) <b>1998 SERIES B VARIABLE BOND - TAXABLE</b> | <b>NONE</b>                         |
| (3)                                              |                                     |
| (4)                                              |                                     |
| (5)                                              |                                     |
| (6)                                              |                                     |
| (7)                                              |                                     |
| (8)                                              |                                     |
| (9)                                              |                                     |
| (10)                                             |                                     |

| Original amount borrowed | Date of loan   | Maturity date  | Repayment terms | Interest rate |
|--------------------------|----------------|----------------|-----------------|---------------|
| (1) <b>6,455,000</b>     | <b>9/30/98</b> | <b>9/30/08</b> |                 |               |
| (2) <b>8,340,000</b>     | <b>9/30/98</b> | <b>9/30/08</b> |                 |               |
| (3)                      |                |                |                 |               |
| (4)                      |                |                |                 |               |
| (5)                      |                |                |                 |               |
| (6)                      |                |                |                 |               |
| (7)                      |                |                |                 |               |
| (8)                      |                |                |                 |               |
| (9)                      |                |                |                 |               |
| (10)                     |                |                |                 |               |

| Security provided by borrower | Purpose of loan     |
|-------------------------------|---------------------|
| (1) <b>NEW BUILDING</b>       | <b>NEW BUILDING</b> |
| (2) <b>NEW BUILDING</b>       | <b>NEW BUILDING</b> |
| (3)                           |                     |
| (4)                           |                     |
| (5)                           |                     |
| (6)                           |                     |
| (7)                           |                     |
| (8)                           |                     |
| (9)                           |                     |
| (10)                          |                     |

| Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year |
|-----------------------------------|----------------------------------|----------------------------|
| (1)                               | <b>6,455,000</b>                 | <b>6,455,000</b>           |
| (2)                               | <b>8,340,000</b>                 | <b>8,340,000</b>           |
| (3)                               |                                  |                            |
| (4)                               |                                  |                            |
| (5)                               |                                  |                            |
| (6)                               |                                  |                            |
| (7)                               |                                  |                            |
| (8)                               |                                  |                            |
| (9)                               |                                  |                            |
| (10)                              |                                  |                            |
| <b>Totals</b>                     | <b>14,795,000</b>                | <b>14,795,000</b>          |

## Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

| Desc                                  | How<br>Rec'd | Whom<br>Sold | Date<br>Acquired | Date<br>Sold | Sale<br>Price | Cost &<br>Expense | Deprec | Net<br>G/L |
|---------------------------------------|--------------|--------------|------------------|--------------|---------------|-------------------|--------|------------|
| CAPITAL GAINS DISTRIBUTION            |              |              |                  |              |               |                   |        |            |
| INV. SALE - SHORT TERM (SEE SCHEDULE) |              |              | VARIOUS          | VARIOUS      | \$ 416,526    | \$                | \$     | \$ 416,526 |
| PURCHASE                              |              |              |                  |              | 2,384,838     | 2,413,955         |        | -29,117    |
| INV. SALE - LONG TERM (SEE SCHEDULE)  |              |              | VARIOUS          | VARIOUS      | 2,589,909     | 2,177,005         |        | 412,904    |
| PURCHASE                              |              |              |                  |              | \$5,391,273   | \$4,590,960       | \$     | \$ 800,313 |
| TOTAL                                 |              |              |                  |              |               |                   | 0      |            |

**Federal Statements****Statement 2 - Form 990-PF, Part I, Line 11 - Other Income**

| Description           | Amount            |
|-----------------------|-------------------|
| CAMPUS FOOD SERVICE   | \$ 189,954        |
| COMMUNITY CAMPUS RENT | 290,365           |
| MISCELLANEOUS INCOME  | 588               |
| TOTAL                 | <u>\$ 480,907</u> |

**Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees**

| Description           | Total           | Net Investment | Adjusted Net  | Charitable Purpose |
|-----------------------|-----------------|----------------|---------------|--------------------|
| COMMUNITY CAMPUS RENT | \$ 5,195        | \$             | \$ 741        | \$ 4,454           |
| INDIRECT LEGAL FEES   | 1,017           |                |               | 1,017              |
| TOTAL                 | <u>\$ 6,212</u> | <u>\$ 0</u>    | <u>\$ 741</u> | <u>\$ 5,471</u>    |

**Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees**

| Description              | Total            | Net Investment | Adjusted Net | Charitable Purpose |
|--------------------------|------------------|----------------|--------------|--------------------|
| INDIRECT ACCOUNTING FEES | \$ 21,826        | \$             | \$           | \$ 18,826          |
| TOTAL                    | <u>\$ 21,826</u> | <u>\$ 0</u>    | <u>\$ 0</u>  | <u>\$ 18,826</u>   |

**Statement 5 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

| Description              | Total            | Net Investment   | Adjusted Net | Charitable Purpose |
|--------------------------|------------------|------------------|--------------|--------------------|
| INVESTMENT CONSULTANTS   | \$ 28,311        | \$ 28,311        | \$           | \$                 |
| OTHER GENERAL CONSULTANT | 14,729           |                  |              | 14,729             |
| BENEFITS ADMINISTRATOR   | 6,098            |                  |              | 6,098              |
| TOTAL                    | <u>\$ 49,138</u> | <u>\$ 28,311</u> | <u>\$ 0</u>  | <u>\$ 20,827</u>   |

**Statement 6 - Form 990-PF, Part I, Line 18 - Taxes**

| Description        | Total            | Net Investment | Adjusted Net | Charitable Purpose |
|--------------------|------------------|----------------|--------------|--------------------|
| FEDERAL EXCISE TAX | \$ 31,573        | \$             | \$           | \$                 |
| TOTAL              | <u>\$ 31,573</u> | <u>\$ 0</u>    | <u>\$ 0</u>  | <u>\$ 0</u>        |

**Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses**

| Description         | Total   | Net Investment | Adjusted Net | Charitable Purpose |
|---------------------|---------|----------------|--------------|--------------------|
| CAMPUS FOOD SERVICE | \$      | \$             | \$           | \$                 |
| FOOD SERVICE COSTS  | 320,863 |                | 189,954      | 130,909            |

**Federal Statements****Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)**

| Description                   | Total        | Net<br>Investment | Adjusted<br>Net | Charitable<br>Purpose |
|-------------------------------|--------------|-------------------|-----------------|-----------------------|
| COMMUNITY CAMPUS RENT         | \$           | \$                | \$              | \$                    |
| WAGES                         | 141,793      |                   | 20,218          | 121,575               |
| PAYROLL RELATED EXPENSES      | 66,708       |                   | 9,512           | 57,196                |
| CONSULTANTS                   | 15,205       |                   | 2,168           | 13,037                |
| MEETING EXPENSE               | 1,580        |                   | 225             | 1,355                 |
| OFFICE EXPENSE                | 3,196        |                   | 456             | 2,740                 |
| ENVIRONMENTAL SERVICES        | 116,718      |                   | 16,642          | 100,076               |
| FINANCING COSTS               | 254,274      |                   | 36,256          | 218,018               |
| COMMUNICATIONS                | 23,403       |                   | 3,337           | 20,066                |
| PUBLICATIONS                  | 1,977        |                   | 282             | 1,695                 |
| EDUC. MAT/DUES/CONFERENCES    | 280          |                   | 40              | 240                   |
| COLLABORATIVE ACTIVITIES      | 995          |                   | 142             | 853                   |
| SUPPLIES                      | 8,823        |                   | 1,256           | 7,567                 |
| EXPENSES                      |              |                   |                 |                       |
| =====                         |              |                   |                 |                       |
| ADJUST COMMUNITY CAMPUS       |              |                   |                 | 17,492                |
| EXPENSES FROM ACCRUAL TO CASH |              |                   |                 |                       |
| =====                         |              |                   |                 |                       |
| OFFICE                        | 11,090       |                   |                 | 11,080                |
| POSTAGE                       | 2,212        |                   |                 | 2,722                 |
| EQUIPMENT MAINTENANCE         | 1,628        |                   |                 | 1,628                 |
| DUES & SUBSCRIPTIONS          | 1,497        |                   |                 | 1,497                 |
| INSURANCE                     | 16,422       |                   |                 | 16,422                |
| TRUST MANAGEMENT FEES         | 85,913       | 85,913            |                 |                       |
| TECHNICAL ASSISTANCE-GRANTEES | 1,100        |                   |                 | 1,100                 |
| STATE FILING FEES             | 75           |                   |                 | 75                    |
| BANK SERVICE CHARGE           | 139          |                   |                 | 139                   |
| TOTAL                         | \$ 1,075,891 | \$ 85,913         | \$ 280,488      | \$ 727,482            |

# **Federal Statements**

## **Statement 8 - Form 990-PF, Part II, Line 10a - US and State Government Investments**

| Description           | Beginning<br>of Year | End of<br>Year    | Basis of<br>Valuation | Fair Market<br>Value |
|-----------------------|----------------------|-------------------|-----------------------|----------------------|
| SEE ATTACHED SCHEDULE | \$ 92,996            | \$ 104,719        | MARKET                | \$ 104,719           |
| TOTAL                 | <u>\$ 92,996</u>     | <u>\$ 104,719</u> |                       | <u>\$ 104,719</u>    |

## **Statement 9 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

| Description           | Beginning<br>of Year | End of<br>Year      | Basis of<br>Valuation | Fair Market<br>Value |
|-----------------------|----------------------|---------------------|-----------------------|----------------------|
| SEE ATTACHED SCHEDULE | \$28,585,258         | \$38,640,747        | MARKET                | \$38,640,747         |
| TOTAL                 | <u>\$28,585,258</u>  | <u>\$38,640,747</u> |                       | <u>\$38,640,747</u>  |

## **Statement 10 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

| Description           | Beginning<br>of Year | End of<br>Year      | Basis of<br>Valuation | Fair Market<br>Value |
|-----------------------|----------------------|---------------------|-----------------------|----------------------|
| SEE ATTACHED SCHEDULE | \$17,296,957         | \$13,223,433        | MARKET                | \$13,223,433         |
| TOTAL                 | <u>\$17,296,957</u>  | <u>\$13,223,433</u> |                       | <u>\$13,223,433</u>  |

## **Statement 11 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

| Description                          | Beginning<br>Net Book | End<br>Cost/Basis   | End Accum<br>Deprec | Net Fair<br>Mkt Value |
|--------------------------------------|-----------------------|---------------------|---------------------|-----------------------|
| EQUIP/FURN (SEE ATTACHED SCHEDULE)   | \$ 320,982            | \$ 1,060,188        | \$ 827,198          | \$ 232,990            |
| LAND, PEVERLY HILL ROAD              | 2,864,111             | 2,864,111           |                     | 2,864,111             |
| LAND, BANFIELD ROAD                  | 142,469               | 142,469             |                     | 142,469               |
| LAND IMPROVEMENTS, PEVERLY HILL ROAD | 1,552,865             | 2,006,851           | 587,776             | 1,419,075             |
| FACILITY - PHASE I                   | <u>9,352,091</u>      | <u>10,129,871</u>   | <u>1,031,027</u>    | <u>9,098,844</u>      |
| TOTAL                                | <u>\$14,232,518</u>   | <u>\$16,203,490</u> | <u>\$ 2,446,001</u> | <u>\$13,757,489</u>   |

Foundation for Seacoast Health

02-0386319

Form 990PF-12/31/03

Part II, Line 10a, Investments/Government Obligations:

| Investments/Govt Obligations            |                                  | BOOK<br>VALUE | MARKET<br>VALUE |
|-----------------------------------------|----------------------------------|---------------|-----------------|
| <u>Other US Government Investments:</u> |                                  |               |                 |
| 7,537 924                               | Federated Inter Income Fund #303 | 77,305 38     | 77,640 62       |
| 25,000                                  | Fed Home Ln Bks 5.355%-1/5/09    | 24,963 10     | 27,078 25       |
| Other US Government Investments.        |                                  | \$102,268.48  | \$104,718.87    |

## Part II, Line 10b, Investments/Corporate Stock

| Investments/Corporate Stock                         | BOOK<br>VALUE | MARKET<br>VALUE |
|-----------------------------------------------------|---------------|-----------------|
| <b>Equity Funds:</b>                                |               |                 |
| 185,189.595 GMO International Core Fund             | 4,190,523.66  | 4,318,621.36    |
| 748,237.103 GMO US Core Fund                        | 13,238,972.42 | 9,786,941.31    |
| 181,686.712 Artisan Mid-Cap Institutional Fund      | 4,409,536.50  | 4,720,220.78    |
| 179,584.96 Artisan International Institutional Fund | 5,459,947.09  | 3,410,318.31    |
| Indian Private Business Value Equity Fund, LP       | 5,181,258.41  | 6,618,502.03    |
| Total Equity Funds                                  | 32,480,238.08 | 28,854,603.79   |
| <b>Alternative Investments:</b>                     |               |                 |
| 50,359.718 TIFF Absolute Return Pool Fund           | 8,000,000.00  | 9,631,252.67    |
| Total Alternative Investments                       | 8,000,000.00  | 9,631,252.67    |
| <b>Stocks:</b>                                      |               |                 |
| <b>Banknorth Indigent Care Fund:</b>                |               |                 |
| 100 AFLAC Inc - com                                 | 3,009.00      | 3,618.00        |
| 60 Adobe Systems Inc - com                          | 1,859.40      | 2,344.80        |
| 60 American Express Co - com                        | 2,533.80      | 2,893.80        |
| 160 American Pwr Conversion Corp - com              | 2,654.40      | 3,920.00        |
| 40 Amgen Inc - com                                  | 2,556.00      | 2,471.60        |
| 80 Analog Devices Inc - com                         | 2,646.40      | 3,652.00        |
| 40 Apollo Group Inc Cl A                            | 2,420.80      | 2,712.40        |
| 80 Bj Sves Co - com                                 | 3,140.00      | 2,872.00        |
| 40 Bank Amer Corp - com                             | 2,668.40      | 3,217.20        |
| 60 Becton Dickinson & Co - com                      | 2,252.40      | 2,468.40        |
| 60 Bed Bath & Beyond Inc - com                      | 2,365.80      | 2,601.00        |
| 80 Brinker International Inc - com                  | 2,896.00      | 2,652.80        |
| 30 Centex Corp - com                                | 1,441.31      | 3,229.50        |
| 80 Church & Dwight Co - com                         | 2,608.00      | 3,168.00        |
| 150 Cisco Systems Inc - com                         | 1,776.23      | 3,634.50        |
| 60 Citigroup Inc - com                              | 2,586.00      | 2,912.40        |
| 60 Colgate Palmolive Co - com                       | 3,580.20      | 3,003.00        |
| 40 Danaher Corp Shs Ben Int                         | 2,784.80      | 3,670.00        |
| 90 Dell Inc - com                                   | 2,425.90      | 3,058.20        |
| 60 Diebold Inc - com                                | 2,055.60      | 3,232.20        |
| 100 Ecolab Inc - com                                | 2,051.33      | 2,737.00        |
| 30 Express Scripts Inc - CIA                        | 1,351.80      | 1,992.90        |
| 50 FedEx Corp - com                                 | 2,020.00      | 3,375.00        |
| 60 First Data Corp - com                            | 2,580.00      | 2,465.40        |
| 60 First Tenn Natl Corp - com                       | 2,691.60      | 2,646.00        |
| 40 Gannett Co Inc - com                             | 2,729.00      | 3,566.40        |
| 120 Gap Inc Delaware - com                          | 2,140.80      | 2,785.20        |
| 120 Intel Corp - com                                | 1,916.95      | 3,846.00        |
| 80 International Game Technology - com              | 1,959.40      | 2,856.00        |
| 50 Johnson & Johnson Co - com                       | 2,274.38      | 2,583.00        |
| 100 McCormick & Co - com                            | 2,286.00      | 3,010.00        |

## Part II, Line 10b, Investments/Corporate Stock (cont)

| Investments/Corporate Stock          |                                    | BOOK<br>VALUE   | MARKET<br>VALUE |
|--------------------------------------|------------------------------------|-----------------|-----------------|
| 55                                   | Medtronic, Inc - com               | 2,489 53        | 2,673 55        |
| 100                                  | Microsoft Corp - com               | 1,143.67        | 2,737 00        |
| 60                                   | Murphy Oil Corp - com              | 3,157 20        | 3,918 60        |
| 127                                  | Mylan Labs, Inc - com              | 1,872 44        | 3,208 02        |
| 80                                   | National City Corp - com           | 2,610 40        | 2,715 20        |
| 40                                   | Nike Inc Class B                   | 2,213 20        | 2,738 40        |
| 200                                  | Oracle Corporation - com           | 2,414 00        | 2,646 00        |
| 70                                   | Oppenheimer Global Fund Class A    | 3,572 10        | 3,605.00        |
| 80                                   | Praxair Incorporated - com         | 2,378 40        | 3,056 00        |
| 80                                   | Questar Corp - com                 | 1,818 40        | 2,812 00        |
| 20                                   | Slm Corp - com                     | 795.00          | 753.60          |
| 90                                   | Southern Co - com                  | 2,353 50        | 2,722.50        |
| 140                                  | Staples Inc - com                  | 2,560.60        | 3,822.00        |
| 40                                   | Stryker Corp - com                 | 889.50          | 3,400.40        |
| 100                                  | Sysco Corp - com                   | 3,010.00        | 3,723.00        |
| 40                                   | 3M Co - com                        | 2,500 60        | 3,401 20        |
| 60                                   | Torchmark Corp - com               | 2,242 20        | 2,732.40        |
| 203                                  | Tweedy Browne Fund Global Value Fd | 3,347 47        | 3,968.65        |
| 80                                   | Unitedhealth Group Inc - com       | 3,644 20        | 4,654 40        |
| 60                                   | Washington Mutal Inc - com         | 2,538 00        | 2,407 20        |
| Total Stratevest Group Ind Care Fund |                                    | \$121,812.11    | \$154,889.82    |
| TOTAL EQUITIES                       |                                    | \$40,602,050.19 | \$38,640,746.28 |

Foundation for Seacoast Health

02-0386319

Form 990PF-12/31/03

Part II, Line 10c, Investments/Bonds:

| Investments/Bonds                                         | BOOK<br>VALUE          | MARKET<br>VALUE        |
|-----------------------------------------------------------|------------------------|------------------------|
| <b>Fixed Income Funds:</b>                                |                        |                        |
| 805,325 944 Scudder (Deutsche) US Fixed Inc Fund #1100022 | 8,634,034.10           | 8,818,319 09           |
| 114,222 124 Scudder (Deutsche) US Fixed Inc Fund #1102389 | 1,117,487 52           | 1,250,732 26           |
| 9,651 910 Scudder (Deutsche) US Fixed Inc Fund #1102385   | 94,420 01              | 105,688.41             |
| 24,441 710 Baring Global Fixed Income Fund                | 2,511,830 43           | 3,048,692 34           |
|                                                           | <b>\$12,357,772.06</b> | <b>\$13,223,432.10</b> |

FOUNDATION FOR SEACOAST HEALTH

02-0386319

Form 990PF-12/31/03

Part II:

| DESCRIPTION                        | COST<br>BASIS        | ACCUMULATED<br>DEPRECIATION | NET<br>BOOK VALUE   |
|------------------------------------|----------------------|-----------------------------|---------------------|
| Computer Equipment                 | 112,538.05           |                             |                     |
| Purchases                          | 1,350.00             |                             |                     |
| Accumulated Depreciation           |                      | (107,029.85)                | 6,858.20            |
| Photocopiers                       | 7,000.00             |                             |                     |
| Accumulated Depreciation           |                      | (5,438.15)                  | 1,561.85            |
| Office Furniture                   | 521,658.30           |                             |                     |
| Accumulated Depreciation           |                      | (402,500.50)                | 119,157.80          |
| Other Equipment                    | 163,796.19           |                             |                     |
| Purchases                          | 2,619.98             |                             |                     |
| Accumulated Depreciation           |                      | (131,447.76)                | 34,968.41           |
| Kitchen Equipment                  | 153,236.88           |                             |                     |
| Accumulated Depreciation           |                      | (119,046.47)                | 34,190.41           |
| Campus Fixtures                    | 75,802.13            |                             |                     |
| Purchases                          | 22,186.32            |                             |                     |
| Accumulated Depreciation           |                      | (61,735.63)                 | 36,252.82           |
| <b>TOTAL EQUIPMENT/FURNISHINGS</b> | <b>1,060,187.85</b>  | <b>(827,198.36)</b>         | <b>232,989.49</b>   |
| <b>LAND IMPROVEMENTS</b>           | <b>2,000,890.16</b>  |                             |                     |
| Additions                          | 5,961.25             |                             |                     |
| Accumulated Depreciation           |                      | (587,776.00)                | 1,419,075.41        |
| <b>TOTAL LAND IMPROVEMENTS</b>     | <b>2,006,851.41</b>  | <b>(587,776.00)</b>         | <b>1,419,075.41</b> |
| <b>FACILITY</b>                    | <b>9,611,604.51</b>  |                             |                     |
| Construction Period Interest       | 518,266.10           | (60,066.83)                 |                     |
| Accumulated Depreciation           |                      | (970,960.16)                | 9,098,843.62        |
| <b>TOTAL FACILITY</b>              | <b>10,129,870.61</b> | <b>(1,031,026.99)</b>       | <b>9,098,843.62</b> |

**Federal Statements**

**Statement 12 - Form 990-PF, Part II, Line 15 - Other Assets**

| <u>Description</u>         | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> | <u>Fair Market<br/>Value</u> |
|----------------------------|------------------------------|------------------------|------------------------------|
| DEFERRED FINANCING COSTS   | \$ 217,679                   | \$ 222,703             | \$ 222,703                   |
| PREPAID COMMISSIONS / FEES | 16,971                       | 20,955                 | 20,955                       |
| PREPAID FEDERAL TAX        | 22,184                       |                        |                              |
| PREPAID PENSION COST       |                              | 16,288                 | 16,288                       |
| TOTAL                      | <u>\$ 256,834</u>            | <u>\$ 259,946</u>      | <u>\$ 259,946</u>            |

**Statement 13 - Form 990-PF, Part II, Line 22 - Other Liabilities**

| <u>Description</u>                 | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|------------------------------------|------------------------------|------------------------|
| SCHOLARSHIPS PAYABLE               | \$ 2,000                     | \$                     |
| INTEREST RATE SWAP                 | 1,079,714                    | 856,067                |
| NONQUALIFIED DEFERRED COMP PAYABLE |                              | 40,000                 |
| ACCRUED FEDERAL TAX                |                              | 9,389                  |
| TOTAL                              | <u>\$ 1,081,714</u>          | <u>\$ 905,456</u>      |

**Statement 14 - Form 990-PF, Part III, Line 3 - Other Increases**

| <u>Description</u>                               | <u>Amount</u>       |
|--------------------------------------------------|---------------------|
| SFAS 124 ADJUSTMENT TO FAIR VALUE - REVERSE 2002 | \$ 8,692,612        |
| FMV INTEREST RATE SWAP - REVERSE 2002            | 1,079,714           |
| TOTAL                                            | <u>\$ 9,772,326</u> |

**Statement 15 - Form 990-PF, Part III, Line 5 - Other Decreases**

| <u>Description</u>                       | <u>Amount</u>       |
|------------------------------------------|---------------------|
| SFAS 124 ADJUSTMENT TO FAIR VALUE - 2003 | \$ 1,093,191        |
| FMV INTEREST RATE SWAP - 2003            | 856,067             |
| TOTAL                                    | <u>\$ 1,949,258</u> |

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02-0386319

FYE: 12/31/2003

## Federal Statements

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### Statement 16 - Form 990-PF, Part VIII - Information About Officers, Directors, Etc.

| Name                  | City, State, Zip | Address | Title        | Average<br>Hours | Comp    | Benefits | Expenses |
|-----------------------|------------------|---------|--------------|------------------|---------|----------|----------|
| SUSAN R. BUNTING      | WOLFEBORO, NH    |         | PRESIDENT    |                  | 126,233 | 90,644   | 0        |
| NANCY L. CUTTER       | GREENLAND, NH    |         | ADMIN. ASST. |                  | 53,336  | 30,634   | 0        |
| JAMES LEGER           | NEWINGTON, NH    |         | FACILITY WRK |                  | 42,008  | 14,018   | 0        |
| ELIZABETH TRUDEAU     | KINGSTON, NH     |         | CAMPUS DEV.  |                  | 47,041  | 18,745   | 0        |
| SEE ATTACHED SCHEDULE |                  |         |              |                  | 0       | 0        | 0        |

**FOUNDATION FOR SEACOAST HEALTH**

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Form 990PF - 12/31/03

Part VIII, Line 1:

**BOARD OF TRUSTEES/OFFICERS - 2003**

Patricia Barbour  
140 Wednesday Hill Road  
Lee, NH 03824

Richard Chace, MD  
Jackson Gray Medical Bldg  
330 Borthwick Ave, Ste 307  
Portsmouth, NH 03801

Sharon Weston  
1 Victory Lane  
Rye, NH 03870

Donavon Albertson, MD  
Portsmouth Regional Hospital  
Emergency Department  
333 Borthwick Avenue  
Portsmouth, NH 03801

Peter L. Bergeron  
49 Lexington Drive  
Bluffton, SC 29910

Timothy J. Connors  
Portsmouth Housing Authority  
245 Middle Street  
Portsmouth, NH 03801

Daniel C. Hoefle  
Phoenix/Hoefle, Gormley  
P.O. Box 4040  
Portsmouth, NH 03802

Timothy Driscoll  
Bigelow & Company  
500 Market St, Suite 5  
Portsmouth, NH 03801

J. Gregg Sanborn  
President's Office  
University of New Hampshire  
Thompson Hall  
Durham, NH 03824

Catherine R. Goodwin  
P. O. Box 605  
York, ME 03909

**OFFICERS - 2003**

Peter L. Bergeron  
Chair  
49 Lexington Drive  
Bluffton, SC 29910

Catherine R. Goodwin  
Vice Chair  
P.O. Box 605  
York, ME 03909

Timothy J. Connors  
Treasurer  
Portsmouth Housing Authority  
245 Middle Street  
Portsmouth, NH 03801

Susan R. Bunting  
President  
Foundation for Seacoast Health  
100 Campus Drive, Suite 1  
Portsmouth, NH 03801

Nancy L. Cutter  
Secretary  
Foundation for Seacoast Health  
100 Campus Drive, Suite 1  
Portsmouth, NH 03801

**Federal Statements**

**Statement 17 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**

SEE ATTACHED BROCHURES

**Statement 18 - Form 990-PF, Part XV, Line 2c - Submission Deadlines**

SEE ATTACHED BROCHURES

**Statement 19 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations**

SEE ATTACHED BROCHURES

FOUNDATION FOR SEACOAST HEALTH

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Part XV, Line 3, Grants and Contributions:

| NAME/ORGANIZATION                      | ADDRESS                                            | FOUNDATION<br>STATUS | PURPOSE OF GRANT                                                                | AMOUNT     |
|----------------------------------------|----------------------------------------------------|----------------------|---------------------------------------------------------------------------------|------------|
| GRANTS/CONTRIBUTIONS                   |                                                    |                      |                                                                                 |            |
| Maine Philanthropy Center              | P O Box 9301<br>Portland, ME 04101                 | No                   | Membership                                                                      | 250.00     |
| Grantmakers in Health                  | 1100 Connecticut Ave, NW,<br>Washington, DC 20036  | No                   | Membership                                                                      | 2,000.00   |
| New Heights                            | 100 Campus Drive<br>Portsmouth, NH 03801           | No                   | Contribution                                                                    | 1,000.00   |
| Center for Community Dental Health     | 813 Washington Avenue<br>Portland, ME 04103        | No                   | Contribution-Maine Dental Access Summit                                         | 1,500.00   |
| Masquerade                             | 100 Campus Drive<br>Portsmouth, NH 03801           | No                   | Contribution for 9 Health-Related Agencies                                      | 5,000.00   |
| York Hospital, Fiscal Agent            | 15 Hospital Drive<br>York, ME 03909                | No                   | Community Wellness Coalition                                                    | 7,500.00   |
| Families First of the Greater Seacoast | 100 Campus Drive, Suite 12<br>Portsmouth, NH 03801 | No                   | Family Support/Health Services                                                  | 500,000.00 |
| Seacoast Mental Health Center          | 1145 Sagamore Avenue<br>Portsmouth, NH 03801       | No                   | New Heights Program                                                             | 536,737.00 |
| Community Child Care Center            | 100 Campus Drive, Suite 20<br>Portsmouth, NH 03801 | No                   | Wage Solutions                                                                  | 43,750.00  |
| Portsmouth School Department           | 50 Clough Drive<br>Portsmouth, NH 03801            | No                   | Clipper Health Center                                                           | 150,000.00 |
| Lamprey Health Care                    | 207 South Main Street<br>Newmarket, NH 03857       | No                   | Medical Financial Assistance                                                    | 77,500.00  |
| Richie McFarland Children's Center     | 135 McDonough Street<br>Stratham, NH 03885         | No                   | Strategic Business Plan/Board Development                                       | 5,000.00   |
| New Generation                         | 568 Portsmouth Avenue<br>Greenland, NH 03840       | No                   | Board Development/Creation of Fund<br>Development Plan                          | 2,500.00   |
| Seacoast Big Brothers/Big Sisters      | 8 Center Street<br>Exeter, NH 03833                | No                   | Fund Development Training                                                       | 2,500.00   |
| Seacoast Hospice                       | 10 Hampton Road<br>Exeter, NH 03833                | No                   | Assess Volunteer Program, Research Best<br>Practices, Plan for Program Redesign | 5,000.00   |
| SeaCare Health Services                | 11 Downing Court<br>Exeter, NH 03833               | No                   | Dental Net Program                                                              | 5,000.00   |
| City of Portsmouth                     | Jenkins Avenue<br>Portsmouth, NH 03801             | No                   | COAST Transportation Program                                                    | 68.00      |
| UNEXPENDED GRANT MONIES RETURNED       |                                                    |                      |                                                                                 |            |
| University of New Hampshire            | 51 College Road<br>Durham, NH 03824                | No                   | In Home Visiting Program                                                        | (1,455.25) |

FOUNDATION FOR SEACOAST HEALTH

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Part XV, Line 3, Grants and Contributions (cont):

| NAME                                       | ADDRESS                                       | HEALTH-RELATED FIELD    | AMOUNT               |
|--------------------------------------------|-----------------------------------------------|-------------------------|----------------------|
| <b>SCHOLARSHIPS</b>                        |                                               |                         |                      |
| Elizabeth A. Armitage                      | 15 Raynes Neck Road<br>York, ME 03909         | Communication Disorders | 1,000 00             |
| Lynne F. Bailey                            | 2 Stone Point<br>Cape Neddick, ME 03902       | Nursing                 | 3,000 00             |
| Magdalen Ann Balz                          | 296 Richards Avenue<br>Portsmouth, NH 03801   | Speech Pathology        | 1,000 00             |
| Bonnie R. Blass                            | 120 Sagamore Road<br>Rye, NH 03870            | Premedicine             | 1,000 00             |
| Nicole Castonguay                          | P O Box 2023<br>New Castle, NH 03854          | Medicine                | 2,500 00             |
| Tracy A. Clermont                          | 13 Beechstone #4<br>Portsmouth, NH 03801      | Nursing                 | 2,500 00             |
| April M. Cochran                           | 240 Garland Road<br>Rye, NH 03870             | Psychology              | 1,000 00             |
| Tiffany L. Collins                         | 4 Garrison Drive<br>Eliot, ME 03903           | Premedicine             | 1,000 00             |
| Kathryn A. Donhauser                       | 169 Goodwin Road<br>Eliot, ME 03903           | Medicine                | 2,500 00             |
| Lauren C. Gavin                            | 19B A Street<br>York, ME 03909                | Medicine                | 5,000 00             |
| Elizabeth M.G. Halliday                    | 44 Harding Road<br>Portsmouth, NH 03801       | Music Therapy           | 1,000 00             |
| Lisa A. Kuchley                            | 80 TJ Gamester Avenue<br>Portsmouth, NH 03801 | Nursing                 | 1,000 00             |
| Michael C. Kumin                           | 32 Jennie Lane<br>Eliot, ME 03903             | Medicine                | 2,500 00             |
| Allison F. Marshall                        | 9 Garrison Drive<br>Eliot, ME 03903           | Physicians Assistant    | 3,000 00             |
| Lisa Marie Lumsden McCay                   | 11 Deer Run Road<br>No. Hampton, NH 03862     | Nursing                 | 1,000 00             |
| Jennifer A. McNamara                       | 15 River Road<br>No. Hampton, NH 03862        | Nursing                 | 6,000 00             |
| Erin J. Rafferty                           | 70 Summit Avenue<br>Portsmouth, NH 03801      | Medicine                | 4,000 00             |
| Jason Rafferty                             | 15 Sanderson Avenue<br>Greenland, NH 03840    | Premedicine             | 1,000 00             |
| Alyson H.D. Ricker                         | 41 Dearborn Road<br>Greenland, NH 03840       | Psychology              | 3,000 00             |
| Fernando H. Serna, Jr                      | 19 Dwight Avenue<br>Portsmouth, NH 03802-1137 | Premedicine             | 4,000 00             |
| <b>TOTAL 2003 GRANT/SCHOLARSHIP PAYOUT</b> |                                               |                         | <b>51,390,849 75</b> |

FOUNDATION FOR SEACOAST HEALTH

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Form 990PF - 12/31/03

Part XV, Line 3a Approved for Future Payment:

| NAME/ORGANIZATION               | ADDRESS                                          | PURPOSE OF GRANT                                          | AMOUNT              |
|---------------------------------|--------------------------------------------------|-----------------------------------------------------------|---------------------|
| Seacoast Mental Health Center   | 1145 Sagamore Avenue<br>Portsmouth, NH 03801     | New Heights Program                                       | 250,000.00          |
| Portsmouth School Department    | Clough Drive<br>Portsmouth, NH 03801             | Clipper Health Center                                     | 150,000.00          |
| Lamprey Health Care             | 207 So Main Street<br>Newmarket, NH 03857        | Medical Financial Assistance                              | 18,750.00           |
| Community Child Care Center     | 100 Campus Drive, Ste 20<br>Portsmouth, NH 03801 | Wage Solutions                                            | 25,000.00           |
| Families First/Greater Seacoast | 100 Campus Drive<br>Portsmouth, NH 03801         | Comprehensive Health Services/<br>Family Support Programs | 200,000.00          |
| York Hospital                   | 15 Hospital Drive<br>York, ME 03909              | Community Wellness Connection                             | 2,500.00            |
| City of Portsmouth              | 1 Junkins Avenue<br>Portsmouth, NH 03801         | COAST Transportation Program                              | 4,932.00            |
|                                 |                                                  |                                                           | <b>\$651,182.00</b> |