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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

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

Name of foundation
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) ▶ $ 53,820,717

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), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	333,476			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	20,614	20,614		
	4	Dividends and interest from securities	709,715	709,715		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	-8,271,006			
	b	Gross sales price for all assets on line 6a 19,002,354				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns & allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule) STMT 1	600,567		600,567	
	12	**Total.** Add lines 1 through 11	-6,606,634	730,329	600,567	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	148,557	18,966		127,383
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits	58,627	8,360		31,447
	16a	Legal fees (attach schedule) SEE STMT 2	7,111		1,773	5,338
	b	Accounting fees (attach schedule) STMT 3	26,000			25,000
	c	Other professional fees (attach schedule) STMT 4	60,454	43,263		17,191
	17	Interest	101,931		26,937	74,994
	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 5	6,149			
	19	Depreciation (attach schedule) and depletion STMT 6	449,048		118,540	
	20	Occupancy	401,500		105,283	296,217
	21	Travel, conferences, and meetings	5,603			
	22	Printing and publications	7,512			
	23	Other expenses (att sch) STMT 7	2,829,211	44,849	348,995	2,408,152
	24	**Total operating and administrative expenses.** Add lines 13 through 23	4,101,703	115,438	601,528	2,985,722
	25	Contributions, gifts, grants paid	714,725			877,325
	26	**Total expenses and disbursements.** Add lines 24 and 25	4,816,428	115,438	601,528	3,863,047
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-11,423,062			
	b	**Net investment income** (if negative, enter -0-)		614,891		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets 1	Cash—non-interest-bearing	239,724	186,721	186,721
2	Savings and temporary cash investments	2,735,019	3,669,181	3,669,181
3	Accounts receivable ▶ 12,515			
	Less allowance for doubtful accounts ▶	257,134	12,515	12,515
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 16 of the instructions)			
7	Other notes and loans receivable (att schedule) ▶			
	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	34,641	8,334,694	8,334,694
b	Investments—corporate stock (attach schedule) SEE STMT 9	29,916,405	18,087,283	18,087,283
c	Investments—corporate bonds (attach schedule) SEE STMT 10	8,496,874	10,940,334	10,940,334
11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach sch) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶ 17,425,182			
	Less accumulated depreciation (attach sch) ▶ STMT 11 5,041,395	12,215,585	12,383,787	12,383,787
15	Other assets (describe ▶ SEE STATEMENT 12)	226,142	206,202	206,202
16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	54,121,524	53,820,717	53,820,717
Liabilities 17	Accounts payable and accrued expenses	254,643	131,894	
18	Grants payable	447,500	282,400	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	14,795,000	14,795,000	
22	Other liabilities (describe ▶ SEE STATEMENT 13)	92,096	23,386	
23	**Total liabilities** (add lines 17 through 22)	15,589,239	15,232,680	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted	38,375,201	38,095,930	
25	Temporarily restricted	157,084	212,387	
26	Permanently restricted		279,720	
	Foundations that do not follow SFAS 117, check here ▶ [ ] 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)	38,532,285	38,588,037	
31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	54,121,524	53,820,717	

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	38,532,285
2	Enter amount from Part I, line 27a	2	-11,423,062
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 14	3	1,485,084
4	Add lines 1, 2, and 3	4	28,594,307
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 15	5	-9,993,730
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	38,588,037

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 P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	(SEE ATTACHED SCHEDULE)	P	VARIOUS	VARIOUS
b	(SEE ATTACHED SCHEDULE)	P	VARIOUS	VARIOUS
c	CAPITAL GAINS DISTRIBUTION			
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	18,768,366		26,927,951	-8,159,585
b	381,691		345,409	36,282
c	-147,703			-147,703
d				
e				

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 as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				-8,159,585
b				36,282
c				-147,703
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-8,271,006
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	36,282

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation 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 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	3,841,438	52,596,738	0.073036
2007	4,310,837	61,528,411	0.070063
2006	3,266,899	58,176,829	0.056155
2005	2,941,010	55,071,617	0.053403
2004	3,011,346	51,549,060	0.058417

2	**Total** of line 1, column (d)	2	0.311074
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	3	0.062215
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	39,281,913
5	Multiply line 4 by line 3	5	2,443,924
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	6,149
7	Add lines 5 and 6	7	2,450,073
8	Enter qualifying distributions from Part XII, line 4 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 18	8	4,481,727

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b		1	6,149
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3	Add lines 1 and 2		3	6,149
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	6,149
6	Credits/Payments.			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 42,854		
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	42,854
8	Enter any **penalty** for underpayment of estimated tax Check here ☒ 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	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	36,705
11	Enter the amount of line 10 to be: **Credited to 2010 estimated tax** ▶ 36,705 **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ▶ $ _____ (2) On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.FFSH.ORG

14 The books are in care of ▶ NANCY CUTTER, ADMIN EXEC. Telephone no. ▶ 603-422-8204

100 CAMPUS DRIVE, STE 1

Located at ▶ PORTSMOUTH, NH ZIP+4 ▶ 03801

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 20 of the instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes	☐ 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)? (see page 22 of the instructions)	☐ Yes	☒ 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?	☐ Yes	☒ No		
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 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			5b	X
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No If "Yes," attach the statement required by Regulations section 53.4945-5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A			7b	

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 22 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) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NANCY L. CUTTER 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	ADMIN EXEC. 40 00	63,219	22,433	0
DEBRA S. GRABOWSKI 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	EXEC. DIR. 30.00	85,338	4,092	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 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
ELIGIO SANTANA 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	FACILITY SUP 40.00	40,850	16,949	0
NOREEN M. HODGDON 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	ADMIN. COORD 40.00	30,368	23,435	0

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 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
MCDERMOTT, WILL & EMERY, LLP 28 STATE STREET	BOSTON MA 02109	LEGAL RE: HCA	1,630,239
PK BROWN CONSTRUCTION INC 913 SAGAMORE AVENUE	PORTSMOUTH NH 03801	CONSTRUCTION	526,641
SODEXO INC & AFFILIATES PO BOX 81049	WOBURN MA 01813	FOOD SERVICE	273,950
DEVINE, MILLIMET & BRANCH, PA 300 BRICKSTONE SQUARE, PO BOX 39	ANDOVER MA 01810	LEGAL RE: HCA	160,425
WHALEBACK ASSOCIATES, LLC PO BOX 2074	NEW CASTLE NH 03854	CONSULTANT	90,583
Total number of others receiving over $50,000 for professional services		▶	2

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes.			
a	Average monthly fair market value of securities		1a	35,541,370
b	Average of monthly cash balances		1b	4,338,745
c	Fair market value of all other assets (see page 24 of the instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	39,880,115
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	39,880,115
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)		4	598,202
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	39,281,913
6	**Minimum investment return.** Enter 5% of line 5		6	1,964,096

Part XI Distributable Amount (see page 25 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)

1	Minimum investment return from Part X, line 6		1	1,964,096
2a	Tax on investment income for 2009 from Part VI, line 5	2a 6,149		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	6,149
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,957,947
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	1,957,947
6	Deduction from distributable amount (see page 25 of the instructions)		6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	1,957,947

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,863,047
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	618,680
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,481,727
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	6,149
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	4,475,578

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 26 of the instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7				1,957,947
2	Undistributed income, if any, as of the end of 2009.				
a	Enter amount for 2008 only				
b	Total for prior years. 20 ____ , 20 ____ , 20 ____				
3	Excess distributions carryover, if any, to 2009				
a	From 2004 482,110				
b	From 2005 241,810				
c	From 2006 473,937				
d	From 2007 1,279,744				
e	From 2008 1,254,565				
f	**Total** of lines 3a through e	3,732,166			
4	Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 4,481,727				
a	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				1,957,947
e	Remaining amount distributed out of corpus	2,523,780			
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	**Enter the net total of each column as indicated below:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,255,946			
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	482,110			
9	**Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	5,773,836			
10	Analysis of line 9				
a	Excess from 2005 241,810				
b	Excess from 2006 473,937				
c	Excess from 2007 1,279,744				
d	Excess from 2008 1,254,565				
e	Excess from 2009 2,523,780				

Part XIV Private Operating Foundations (see page 27 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 2009, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see page 28 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 foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 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

NANCY CUTTER 603-422-8204
100 CAMPUS DRIVE PORTSMOUTH NH 03801

b The form in which applications should be submitted and information and materials they should include.

SEE ATTACHED BROCHURES

c Any submission deadlines

SEE ATTACHED BROCHURES

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

SEE ATTACHED BROCHURES

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
2008 GRANTS PAID 09			(SEE SCHEDULE)	447,500
2009 GRANTS PAID			(SEE SCHEDULE)	421,100
2009 GIFTS/CONTRIBUTIONS			(SEE SCHEDULE)	1,225
2009 SCHOLARSHIPS PAID			(SEE SCHEDULE)	7,500
Total			▶ 3a	877,325
b Approved for future payment				
2009 GRANTS ACCRUED			(SEE SCHEDULE)	282,400
2009 SCHOLARSHIPS ACCRUED			(SEE SCHEDULE)	2,500
Total			▶ 3b	284,900

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue·					
a CAMPUS FOOD SERVICE			41	217,605	
b COMMUNITY CAMPUS RENT			16	383,923	
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	20,614	
4 Dividends and interest from securities			14	709,715	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-8,271,006	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue· a					
b MISCELLANEOUS INCOME			1	469	
c LOSS ON ASSET DISPOSAL			1	-1,430	
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		-6,940,110	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	-6,940,110

(See worksheet in line 13 instructions on page 28 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions)
N/A	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

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

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

b If "Yes," complete the following schedule

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

▶ Signature of officer or trustee — Date 3/23/10 — ▶ Title TREAS.

Paid Preparer's Use Only

Preparer's signature ▶ Matthew C Ramer — Date 03/16/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see Signature on page 30 of the instructions) P00237439

Firm's name (or yours if self-employed), address, and ZIP code ▶ HODGDON, WILSON & GRIFFIN, CPAS, 600 STATE ST STE B, PORTSMOUTH, NH 03801-4385 — EIN ▶ 02-0400922 — Phone no 603-436-9101

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

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

FOUNDATION FOR SEACOAST HEALTH

Employer identification number

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 foundation

Check 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 boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of 1 of Part I

Name of organization: FOUNDATION FOR SEACOAST HEALTH

Employer identification number: 02-0386319

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HYDER ENTERPRISES 1 RAYNES AVENUE, SUITE 201 PORTSMOUTH NH 03801	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2	WILLIAM SHACKFORD (BEQUEST) SOMERSET COUNTY SURROGATE'S COURT 20 GROVE STREET, PO BOX 3000 SOMERVILLE NJ 08876	$ 279,720	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Forms 990 / 990-PF

Mortgages and Other Notes Payable

For calendar year 2009, or tax year beginning , and ending

2009

Name

FOUNDATION FOR SEACOAST HEALTH

Employer Identification Number

02-0386319

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

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

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	6,455,000	09/30/98	09/30/08		
(2)	8,340,000	09/30/98	09/30/08		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	NEW BUILDING	NEW BUILDING
(2)	NEW BUILDING	NEW BUILDING
(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)		6,455,000	6,455,000
(2)		8,340,000	8,340,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		14,795,000	14,795,000

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
CAMPUS FOOD SERVICE	$ 217,605	$	$ 217,605
COMMUNITY CAMPUS RENT	383,923		383,923
MISCELLANEOUS INCOME	469		469
LOSS ON ASSET DISPOSAL	-1,430		-1,430
TOTAL	$ 600,567	$ 0	$ 600,567

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
COMMUNITY CAMPUS RENT	$ 6,711	$	$ 1,773	$ 4,938
INDIRECT LEGAL FEES	400			400
TOTAL	$ 7,111	$ 0	$ 1,773	$ 5,338

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	$ 26,000	$	$	$ 25,000
TOTAL	$ 26,000	$ 0	$ 0	$ 25,000

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT CONSULTANTS	$ 43,263	$ 43,263	$	$
BENEFITS ADMINISTRATOR	17,191			17,191
TOTAL	$ 60,454	$ 43,263	$ 0	$ 17,191

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	$ 6,149	$	$	$
TOTAL	$ 6,149	$ 0	$ 0	$ 0

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
DEPRECIATION								
		$	$			$ 476	$	$
TOTAL		$ 0	$ 0			$ 476	$ 0	$ 0

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	334,229		217,605	116,624
COMMUNITY CAMPUS RENT				
WAGES	108,936		28,787	80,149
PAYROLL RELATED EXPENSES	79,134		20,912	58,222
CONSULTANTS	300		79	221
MEETING EXPENSE	2,315		612	1,703
OFFICE EXPENSE	2,181		576	1,605
ENVIRONMENTAL SERVICES	153,109		40,461	112,648
FINANCING COSTS	95,132		25,140	69,992
COMMUNICATIONS	5,978		1,580	4,398
COLLABORATIVE PROJECTS & TECH	1,497		396	1,101
SECURITY	23,675		6,256	17,419
SUPPLIES	24,943		6,591	18,352

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	$	$	$	$
EXPENSES				
ADJUST COMMUNITY CAMPUS EXPENSES FROM ACCRUAL TO CASH				-17,713
OFFICE	6,006			5,716
POSTAGE	2,051			1,827
EQUIPMENT MAINTENANCE	2,870			2,870
DUES & SUBSCRIPTIONS	411			411
INSURANCE	11,997			11,997
TRUST MANAGEMENT FEES	44,849	44,849		
STATE FILING FEES	75			75
SPECIAL PROJECTS/FORUMS	3,199			3,199
HCA COMPLIANCE	1,926,324			1,917,336
TOTAL	$ 2,829,211	$ 44,849	$ 348,995	$ 2,408,152

FOUNDATION FOR SEACOAST HEALTH
GAIN/LOSS ON SALE OF SECURITIES
Restricted Funds 1/1-12/31/09

ACCOUNT	SHARES/ UNITS	SECURITY	DATE PURCHASED	DATE SOLD MATURED	COST	SALES PRICE/ MAT VALUE	SHORT TERM GAIN/LOSS	LONG TERM GAIN/LOSS	TOTAL GAIN/LOSS
BankNorth Indigent	50	Ishares Tr Msci EAFE Index Fd	7/3/07	1/31/09	4,112 34	2,120 08		(1,992 26)	
BankNorth Indigent	1020 814	Federated Kaufmann Fd C1A #66	10/28/08	1/20/09	3,348 27	3,511 60	163 33		
BankNorth Indigent	16 498	Fidelity Advisory Emerging Mkt Inst Class	10/28/08	1/20/09	166 47	183 96	17 49		
BankNorth Indigent	560 047	Vanguard Mid Cap Index Fund #859	11/3/08	1/20/09	7,079 00	6,390 14	(688 86)		
BankNorth Indigent	1000 124	Federated US Govt Sec 2-5 Yrs #47 Inst Sha	11/25/05	1/20/09	10,971 36	12,121 51		1,150 15	
BankNorth Indigent	626 831	Federated US Govt Sec 2-5 Yrs #47 Inst Sha	11/3/08	1/20/09	7,264 95	7,597 19	332 24		
BankNorth Indigent	38 268	Federated Total Return Bond Fd #328	8/3/06	1/20/09	406 27	392 25		(14 02)	
BankNorth Indigent	2 633	Artio Total Return Bond Fund 1524 Class I	9/11/07	1/20/09	35 15	33 15		(2 00)	
		JANUARY - Total Restricted Funds			**33,383.81**	**32,349.88**	**(175.80)**	**(858.13)**	**(1,033.93)**
BankNorth Indigent	3 119	Baron Growth Fund #587	10/28/08	4/17/09	92 20	97 26	5 06		
BankNorth Indigent	6 038	Columbia Value & Restructuring fund #2051	11/3/08	4/17/09	195 45	180 28	(15 17)		
BankNorth Indigent	5 105	Davis NY Venture Fd Inc C1Y Fund 909	11/3/08	4/17/09	136 00	119 86	(16 14)		
BankNorth Indigent	37 073	Fidelity Advisor Emerging Mkt Class I Fund	10/28/08	4/17/09	374 07	489 36	115 29		
BankNorth Indigent	44 238	T Rowe Price Growth Stock Fund #40	11/3/08	4/17/09	916 17	910 87	(5 30)		
		APRIL - Total Restricted Funds			**1,713.89**	**1,797.63**	**83.74**	**0.00**	**83.74**
BankNorth Indigent	13 463	Baron Growth Fund #587	10/28/08	7/2/09	391 04	464 07	73 03		
BankNorth Indigent	25 133	Columbia Value & Restructuring Fund #205	11/3/08	7/2/09	813 56	835 67	22 11		
BankNorth Indigent	8 396	Davis NY Venture Fd Inc C1Y Fund 909	11/3/08	7/2/09	223 67	213 93	(9 74)		
BankNorth Indigent	1,049 108	Federated Kaufmann Fd C1A #66	10/28/08	7/2/09	3,441 07	4,091 52	650 45		
BankNorth Indigent	19 146	Federated Kaufmann Fd C1A #66	4/17/09	7/2/09	67 01	74 67	7 66		
BankNorth Indigent	34 356	Fidelity Advisor Emerging Mrk Class I Fund	10/28/08	7/2/09	346 65	557 60	210 95		
BankNorth Indigent	52 899	Mfs Research Intl Fund I Fund #899	11/3/08	7/2/09	602 52	637 96	35 44		
BankNorth Indigent	21 581	T Rowe Price Growth Stock Fund #40	11/3/08	7/2/09	446 94	478 24	31 30		
BankNorth Indigent	18 281	Vanguard Selected Value Fund #934	1/20/09	7/2/09	215 35	232 75	17 40		
BankNorth Indigent	3 532	Davis NY Venture Fd Inc C1Y Fund 909	11/3/08	7/17/09	94 09	92 51	(1 58)		
BankNorth Indigent	1 597	Fidelity Advisor Emerging Mrk Class I Fund	10/28/08	7/17/09	16 11	25 93	9 82		
BankNorth Indigent	3 488	Mfs Research Intl Fund I Fund #899	11/3/08	7/17/09	39 73	42 07	2 34		
BankNorth Indigent	6 953	T Rowe Price Growth Stock Fund #40	11/3/08	7/17/09	144 00	158 17	14 17		
BankNorth Indigent	8 565	Vanguard Selected Value Fund #934	1/20/09	7/17/09	100 81	111 17	10 36		
BankNorth Indigent	8 187	Federated US Govt Sec 2-5 Yrs #47 Inst Sha	4/17/09	7/17/09	98 82	96 77	(2 05)		
BankNorth Indigent	106 386	Federated US Govt Sec 2-5 Yrs #47 Inst Sha	11/3/08	7/17/09	1,167 05	1,257 48	90 43		
		JULY - Total Restricted Funds			**8,208.42**	**9,370.51**	**1,162.09**	**0.00**	**1,162.09**

ACCOUNT	SHARES/ UNITS	SECURITY	DATE PURCHASED	DATE SOLD MATURED	COST	SALES PRICE/ MAT VALUE	SHORT TERM GAIN/LOSS	LONG TERM GAIN/LOSS	TOTAL GAIN/LOSS
BankNorth Indigent	0 907	Baron Growth Fund #587	10/28/08	10/19/09	20 45	36 61	16 16		
BankNorth Indigent	7 454	Baron Growth Fund #587	1/20/09	10/19/09	220 35	300 84	80 49		
BankNorth Indigent	0 895	Baron Growth Fund #587	7/17/09	10/19/09	31 30	36 14	4 84		
BankNorth Indigent	52 660	Columbia Value & Restructuring Fund #205	1/20/09	10/19/09	1,704 60	2,218 04	513 44		
BankNorth Indigent	0 986	Columbia Value & Restructuring Fund #205	7/17/09	10/19/09	33 44	41 54	8 10		
BankNorth Indigent	16 364	Davis NY Venture Fd Inc C1Y Fund 909	1/20/09	10/19/09	435 94	500 75	64 81		
BankNorth Indigent	32 244	Fidelity Advisor Emerging Mrk Class I Fund	10/28/08	10/19/09	325 34	668 10	342 76		
BankNorth Indigent	41 805	Mfs Research International Fund I Fund #89	1/20/09	10/19/09	489 78	608 26	118 48		
BankNorth Indigent	13 222	Mfs Research International Fund I Fund #89	4/17/09	10/19/09	136 98	192 39	55 41		
BankNorth Indigent	29 638	T Rowe Price Growth Stock Fund #40	1/20/09	10/19/09	613 80	773 55	159 75		
BankNorth Indigent	8 615	T Rowe Price Mid-Cap Growth Fd #64	7/2/09	10/19/09	329 05	399 67	70 62		
BankNorth Indigent	39 291	Vanguard Selected Value Fund #934	1/20/09	10/19/09	451 69	610 98	159 29		
BankNorth Indigent	26 366	Vanguard Selected Value Fund #934	4/17/09	10/19/09	310 59	399 78	89 19		
		OCTOBER - Total Restricted Funds			**5,103.31**	**6,786.65**	**1,683.34**	**0.00**	**1,683.34**
		TOTAL RESTRICTED FUNDS			**48,409.43**	**50,304.67**	**2,753.37**	**(858.13)**	**1,895.24**

FOUNDATION FOR SEACOAST HEALTH
GAIN/LOSS ON SALE OF SECURITIES
Unrestricted Funds 1/1-12/31/09

ACCOUNT	SHARES/ UNITS	SECURITY	DATE PURCHASED	DATE SOLD MATURED	COST	SALES PRICE/ MAT VALUE	SHORT TERM GAIN/LOSS	LONG TERM GAIN/LOSS	TOTAL GAIN/LOSS
Vanguard	280126 85	Vanguard Total Stock Market Index Fund	10/12/06-11/6/07	3/17/09	9,751,410 54	5,300,000 00		(4,451,410 54)	
Artisan	57,971 014	Artisan International Institutional Fund	4/11/00	3/24/09	1,684,902 26	800,000 00		(884,902 26)	
GMO	125,173 853	GMO International Core Fund	1995-2007	3/17/09	3,174,271 22	1,800,000 00		(1,374,271 22)	
		MARCH - Total Unrestricted Funds			**14,610,584.02**	**7,900,000.00**	**0.00**	**(6,710,584.02)**	**(6,710,584.02)**
Wellington	13,916 582	Wellington Diversified Inflation Hedge Fund	4/30/08-12/31/08	4/1/09	138,849 89	134,295 02	(4,554 87)		
Wellington	327,353 151	Wellington Diversified Inflation Hedge Fund	6/1/06-3/31/08	4/1/09	4,558,641 40	3,158,957 90		(1,399,683 50)	
		APRIL - Total Unrestricted Funds			**4,697,491.29**	**3,293,252.92**	**(4,554.87)**	**(1,399,683.50)**	**(1,404,238.37)**
TIFF		TIFF Absolute Return Pool Fund-adj gain after final audit		5/29/09			0 00	98 47	
		JULY - Total Unrestricted Funds			**0.00**	**0.00**	**0.00**	**98.47**	**98.47**
GMO	30369 291	GMO International Core Fund	1995-2007	8/31/09	767,271 03	625,000 00		(142,271 03)	
Vanguard	49,154 542	Vanguard Total Stock Market Index Fund	10/12/06-11/6/07	8/27/09	1,702,664 18	1,250,000 00		(452 664 18)	
		AUGUST - Total Unrestricted Funds			**2,469,935.21**	**1,875,000.00**	**0.00**	**(594,935.21)**	**(594,935.21)**
Artisan	33,333 333	Artisan International Institutional Fund	4/11/00	9/3/09	968,818 80	625,000 00		(343,818 80)	
TIFF	971 468	TIFF Absolute Return Pool Class A Shares	12/31/03	9/30/09	1,642,434 82	3,000,000 00		1,357,565 18	
		SEPTEMBER - Total Unrestricted Funds			**2,611,253.62**	**3,625,000.00**	**0.00**	**1,013,746.38**	**1,013,746.38**
GMO	9876 807	GMO International Core Fund	12/18/08-7/15/09	11/30/09	173,675 29	211,758 74	38,083 45		
GMO	102,362 086	GMO International Core Fund	1995-7/14/08	11/30/09	2,662,011 68	2,194,643 13		(467,368 55)	
		NOVEMBER - Total Unrestricted Funds			**2,835,686.97**	**2,406,401.87**	**38,083.45**	**(467,368.55)**	**(429,285.10)**
		TOTAL UNRESTRICTED FUNDS			**27,224,951.11**	**19,099,654.79**	**33,528.58**	**(8,158,726.43)**	**(8,125,197.85)**
		TOTAL GAINS/LOSSES ON SALE OF SECURITIES			**27,273,360.54**	**19,149,959.46**	**36,281.95**	**(8,159,584.56)**	**(8,123,302.61)**

CAPITAL GAIN DISTRIBUTIONS
1/1/09 - 12/31/09

ACCOUNT	SHARES REINVESTED	FUND	DATE	ST Cap Gain Distribution	LT Cap Gain Distribution	TOTAL DIST
Colchester		Colchester Global Bond Fund	1/31/09	(38,872 00)		(38,872.00)
Colchester		Colchester Global Bond Fund	2/28/09	(11,758 00)		(11,758 00)
Colchester		Colchester Global Bond Fund	3/31/09	(2,668 00)		
Vanguard	633 246	Vanguard Interm Term Invest Grade Fund	3/26/09	1,718 38	3,651 55	
Vanguard	3,528 239	Vanguard Interm Term Treasury Fund	3/26/09	15,846 56	26,033 64	
		Totals - March		14,896 94	29,685 19	44,582.13
Colchester		Colchester Global Bond Fund	4/30/09	13,356 00		13,356.00
Colchester		Colchester Global Bond Fund	5/31/09	(183,839 00)		(183,839.00)
Colchester		Colchester Global Bond Fund	6/30/09	(8,449 00)		(8,449.00)
Colchester		Colchester Global Bond Fund	7/31/09	1,954 00		1,954.00
Colchester		Colchester Global Bond Fund	8/31/09	9,681 00		9,681.00
Colchester		Colchester Global Bond Fund	9/30/09	(114,744 00)		(114,744.00)
Colchester		Colchester Global Bond Fund	10/31/09	(8,251 00)		(8,251.00)
Colchester		Colchester Global Bond Fund	11/28/09	191 00		191.00
Colchester		Colchester Global Bond Fund	12/31/09	11,686 00		
Vanguard	23 114	Vanguard Short Term Bond Fund	12/23/09		241 77	
Vanguard	11914 652	Vanguard Interm Term Treasury Fund	12/30/09	62,610 62	69,999 45	
Vanguard	348 104	Vanguard Interm Term Investment Grade Fund	12/30/09	3,355 72		
		Totals - December		77,652 34	70,241 22	147,893.56
		Total Unrestricted Capital Gain Distributions		(155,632.44)	199,852.82	(148,255.31)
BankNorth		Baron Growth Fund	6/1/09		9 70	
		Totals - June		0 00	9 70	9.70
BankNorth		Fidelity Advisor Emerging Mkt Class I Fnd #129	12/7/09	28 43		
BankNorth		T Rowe Price Mid-Cap Growth Fnd #64	12/16/09	2 49		
BankNorth		Pimco Total Return Instl #35	12/11/09	269 00	74 83	
BankNorth		TD Asset Mgt Short Term Bond #4	12/21/09	20 22	6 57	
BankNorth		Vanguard GNMA Fund #36	12/31/09	102 02	39 24	
		Totals - December		422 16	120 64	542.80
		Total Restricted Capital Gain Distributions		422.16	130.34	552.50
		TOTAL CAPITAL GAIN DISTRIBUTIONS		(155,210.28)	199,983.16	(147,702.81)

FOUNDATION FOR SEACOAST HEALTH **02-0386319**
Form 990PF - 12/31/09
Part VIII, Line 1:

BOARD OF TRUSTEES/OFFICERS - 2009

Patricia A. Barbour
140 Wednesday Hill Road
Lee, NH 03824

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

Sharon R. Weston
1 Victory Lane
Rye, NH 03870

Jameson S. French
45 Driftwood Lane
Portsmouth, NH 03801

Wendy J. Frosh
Healthcare Management Strat
125 Mill Road
Hampton, NH 03824

Timothy J. Connors
P. O. Box 92
Portsmouth, NH 03802

Daniel C. Hoefle
Phoenix/Hoefle/Gormley
P.O. Box 4480
Portsmouth, NH 03802

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

John P. Gens, Jr., MD
8 Regina Road
Portsmouth, NH 03801

Peter J. Loughlin
P.O. Box 1111
Portsmouth, NH 03802

OFFICERS - 2009

Daniel C. Hoefle
Chair
Phoenix/Hoefle/Gormley
P.O. Box 4480
Portsmouth, NH 03802

Timothy J. Connors
Vice Chair
P.O. Box 92
Portsmouth, NH 03802

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

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

FOUNDATION FOR SEACOASTHEALTH **02-0386319**

Salaries/Benefits - 2009

	Amount
FOUNDATION	
DEBRA S. GRABOWSKI, EXECUTIVE DIRECTOR:	
Salary	84,086.08
Dental/Life/Short-Term Disability Insurance	4,092.16
	$88,178.24
NANCY L. CUTTER, ADMINISTRATION EXECUTIVE:	
Salary	62,263.18
Deferred Compensation	12,000.00
Health/Dental/Life/Short-Term Disability Insurance	8,991.38
Disability (Long-Term) Insurance	1,441.25
	$84,695.81
CAMPUS	
NOREEN M. HODGDON, CAMPUS ADMIN COORDINATOR:	
Salary	30,368.32
Health/Dental/Life/Short-Term Disability Insurance	23,434.63
	$53,802.95
ELIGIO SANTANA, FACILITY MANAGER	
Salary	40,850.45
Lift/Short-Term Disability/Dental Insurance	16,948.89
	$57,799.34
CHARLES L. THAYER, FACILITY WORKER:	
Salary	1,041.70
Health Insurance	6,561.42
	$7,603.12
FRED J. ROSS, FACILITY WORKER:	
Salary	10,034.05
	$10,034.05
KENNETH CUMMINGS, JR., ENV SERVICES COORDINATOR:	
Salary	7,086.45
Health/Dental/Life/Short-Term Disability Insurance	3,243.45
	$10,329.90
MARILYN JEFFERS; ENV SERVICES WORKER:	
Salary	6,125.75
	$6,125.75
JASON MARSOLAIS; ENV SERVICES WORKER:	
Salary	5,536.64
	$5,536.64
JEREMY GLEASON; ENV SERVICES WORKER:	
Salary	5,199.30
	$5,199.30
EMPLOYEES' DEFINED BENEFIT PLAN:	
2009 Contribution	**$2,164.00**

Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 34,641	$ 8,334,694	MARKET	$ 8,334,694
TOTAL	$ 34,641	$ 8,334,694		$ 8,334,694

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 29,916,405	$ 18,087,283	MARKET	$ 18,087,283
TOTAL	$ 29,916,405	$ 18,087,283		$ 18,087,283

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 8,496,874	$ 10,940,334	MARKET	$ 10,940,334
TOTAL	$ 8,496,874	$ 10,940,334		$ 10,940,334

Foundation for Seacoast Health **02-0386319**

Form 990PF-12/31/09

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

Investments/Govt Obligations		BOOK VALUE	MARKET VALUE
Other US Government Investments:			
1,553.618	Federated Total Return Bond Fd #328	16,419.40	16,887.83
401,842.767	Vanguard Intermediate Treasury Fund	4,713,374.65	4,456,436.29
156,647.878	Vanguard Inflation-Protected Securities Fund	3,568,954.04	3,861,370.19
	Other US Government Investments:	**$8,298,748.09**	**$8,334,694.31**

Foundation for Seacoast Health **02-0386319**

Form 990PF-12/31/09

Part II, Line 10b, Investments/Corporate Stock

	Investments/Corporate Stock	BOOK VALUE	MARKET VALUE
Equity Funds:			
75,029.351	Dodge & Cox International Stock Fund	2,438,664.82	2,389,684.83
119,179.120	Artisan International Institutional Fund	3,449,759.93	2,475,350.32
174,252.47	Vanguard Total Stock Market Index Fund	6,021,290.63	4,784,972.80
	Total Equity Funds	**11,909,715.38**	**9,650,007.95**
Alternative Investments:			
1,985.934	TIFF Absolute Return Pool Fund	3,357,565.18	6,346,049.00
	Total Alternative Investments	**3,357,565.18**	**6,346,049.00**
Real Asset Investments:			
2,000.000	Forester Diversified, Ltd.	2,000,000.00	2,000,000.00
	Total Real Asset Investments	**2,000,000.00**	**2,000,000.00**
Stocks/Equity Funds:			
Banknorth Indigent Care Fund:			
220.785	Baron Growth Fund #587	$6,358.60	$9,120.63
423.684	Columbia Value & Restructuring Fund #2051	13,428.52	18,129.44
290.403	Davis NY Venture Fd Inc C1 Y Fund #909	7,470.37	9,086.71
213.736	Fidelity Advisor Emerging Market Inst Class #1290	2,156.60	4,511.97
607.748	Mfs Research International Fund I #899	6,804.78	8,702.95
853.274	T Rowe Price Growth Stock Fund #40	17,477.15	23,473.57
95.86	T Rowe Price Mid-Cap Growth Fund #64	3.657.04	4.552.39
855.71	Vanguard Selected Value Fund #934	9,934.79	13,648.57
	Total TD Bank Wealth Mgt Grp Ind Care Fund	**$67,287.85**	**$91,226.23**
	TOTAL EQUITIES	**$17,334,568.41**	**$18,087,283.18**

Foundation for Seacoast Health 02-0386319

Form 990PF-12/31/09

Part II, Line 10c, Investments/Bonds:

Investments/Bonds		BOOK VALUE	MARKET VALUE
Fixed Income Funds:			
3,095.844	Pimco Total Return Institutional Fund #35	32,141.93	33,435.12
624.946	Artio Total Return Bond Fund 1524 Class I	8,189.06	8,368.03
413.162	TD Asset Mgt Short Term Bond #4	4,184.38	4,197.73
1,961.853	Vanguard GNMA Fund #36	20,560.33	20,874.12
242,320.610	Vanguard Short Term Bond Index Fund	2,522,702.64	2,524,980.76
225,011 028	Vanguard Intermed Term Investment Grade Fund	1,894,657.19	2,164,606.09
140,930.851	Colchester Global Fixed Income Fund	3,341,876.17	3,648,121.90
256,136.390	TIFF Short Term Fund	2,533,008 30	2,535,750.26
		$10,357,320.00	**$10,940,334.01**

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

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
EQUIP/FURN (SEE ATTACHED SCHEDULE)	$ 219,080	$ 1,291,326	$ 1,084,433	$ 206,893
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	1,157,315	2,997,405	1,406,454	1,590,951
FACILITY - PHASE I	7,832,610	10,129,871	2,550,508	7,579,363
TOTAL	$ 12,215,585	$ 17,425,182	$ 5,041,395	$ 12,383,787

FOUNDATION FOR SEACOAST HEALTH

FIXED ASSETS - 2009

FOUNDATION ASSETS	ASSET LIFE	DATE ACQUIRED	COST	DEPREC METHOD	PRIOR DEPREC	2009 DEPREC	12/31/09 VALUE
Ergonomic Chairs	5 yrs.	9/5/95	1,569.00	MACRS	1,569.00	0.00	0.00
Ambi Chairs	7 yrs.	9/20/99	990.00	MACRS	990.00	0.00	0.00
FSH Furnishings	7 yrs	10/99	45,150.11	MACRS	45,150.11	0.00	(0.00)
Boardroom Table	7 yrs	8/00	2,068.80	S	2,068.80	0.00	0.00
Projection Cart	7 yrs	3/00	820.80	S	820.80	0.00	(0.00)
Conference Table	7 yrs	5/01	1,293.17	S	1,293.17	0.00	0.00
Total Foundation Furniture			**51,891.88**		**51,891.88**	**0.00**	**(0.00)**
IBM ThinkPad T60/Accessories	5 yrs	12/06	1,714.66	S	714.50	342.96	657.20
Total FSH Computer Eqpt			**1,714.66**		**714.50**	**342.96**	**657.20**
Other Equipment							
Partner II Telephone System	5 yrs.	5/26/95	2,526.00	MACRS	2,526.00	0.00	0.00
Partner Telephone System	5 yrs	10/99	3,120.00	MACRS	3,120.00	0.00	0.00
Amanda Voice Mail System	5 yrs	12/99	3,750.00	MACRS	3,750.00	0.00	0.00
TV/VCR/Cart	7 yrs	8/00	1,667.00	S	1,667.00	0.00	0.00
SVGA Notebook Projector	7 yrs.	10/02	2,795.00	S	2,662.29	132.71	0.00
Total FSH Other Equipment			**13,858.00**		**13,725.29**	**132.71**	**0.00**
CAMPUS ASSETS							
Server/Panels/Router/Ports/Setup	5 yrs	10-12/99	21,304.05	MACRS	21,304.05	0.00	0.00
HP4050TN Laser Printer	5 yrs	10/99	1,925.00	MACRS	1,925.00	0.00	0.00
Computer for Security Program	5 yrs	8/06	1,500.00	S	725.00	300.00	475.00
Server Upgrades	5 yrs	4/08-2/28/09	12,464.80	S	0.00	2,077.46	10,387.34
Total Campus Computer Eqpt			**37,193.85**		**23,954.05**	**2,377.46**	**10,862.34**
Campus Furnishings							
Furnishings	7 yrs	10/99	443,443.65	S	443,443.65	0.00	0.00
Chairs	7 yrs	5/01	1,842.50	S	1,842.50	0.00	(0.00)
Tables/Caddy/Shelving	7 yrs	1/00	2,605.11	S	2,605.11	0.00	(0.00)
Safety Cabinets	7 yrs	2/00	1,197.66	S	1,197.66	0.00	0.00
Credenza	7 yrs	8/00	2,852.40	S	2,852.40	0.00	0.00
2 Chairs/Table	7 yrs	3/00	1,405.73	S	1,405.73	0.00	0.00
Tables/Chairs/Rack	7 yrs	2/00	5,805.10	S	5,805.10	0.00	(0.00)
Misc Furnishings-Families First	7 yrs	5/00	4,810.87	S	4,810.87	0.00	0.00
Shelving	7 yrs	8/00	5,803.40	S	5,803.40	0.00	0.00
Total Campus Furnishings			**469,766.42**		**469,766.42**	**0.00**	**(0.00)**
Other Equipment							
Security System	5 yrs	10/99	20,159.00	MACRS	20,159.00	0.00	0.00
Security System Additions	5 yrs	8/00	1,185.00	MACRS	1,185.00	0.00	0.00
Security System Additions	5 yrs	6/02	6,505.00	S	6,505.00	0.00	0.00
Intercom System	5 yrs	8/00	18,189.50	MACRS	18,189.50	0.00	(0.00)
Portable Sound System	5 yrs	4/00	2,298.00	MACRS	2,298.00	0.00	(0.00)
Playground Equipment	7 yrs	10/99	55,914.00	S	55,914.00	0.00	0.00
Picnic Tables/Umbrellas	7 yrs	5/00	4,772.00	S	4,772.00	0.00	0.00
Storage Shed	7 yrs	5/00	1,768.00	S	1,768.00	0.00	0.00
Portable Lift	7 yrs	5/00	5,488.00	S	5,488.00	0.00	(0.00)
Lawnmower	5 yrs	8/00	3,889.95	MACRS	3,889.95	0.00	0.00
Bike Racks	7 yrs	5/00	1,990.00	S	1,990.00	0.00	0.00
Fitness Trail Equipment	7 yrs	6/00	10,843.00	S	10.843.00	0.00	0.00

CAMPUS ASSETS	ASSET LIFE	DATE ACQUIRED	COST	DEPREC METHOD	PRIOR DEPREC	2009 DEPREC	12/31/09 VALUE
Other Equipment (cont)							
Fencing-Basketball Court	7 yrs	6/00	3,875.00	S	3,875.00	0 00	(0 00)
Brother 950M FAX Machine	5 yrs	7/20/94	599 99	MACRS	599 99	0 00	0 00
Generator	7 yrs	3/01	1,165 68	S	1,165 68	0.00	0.00
Storage Container	7 yrs	6/01	3,675 00	S	3,675 00	0 00	0 00
Lawnmower	5 yrs	4/03	2,619 98	S	2,619 98	0 00	(0 00)
Lawnmower	5 yrs	6/04	2,789 99	S	2,557 50	232 49	0.00
Lawnmower	5 yrs	9/05	1,999 99	S	1,333 20	399 96	266 83
Floor Scrubber	5 yrs	12/06	4,296 00	S	1,790 00	859 20	1,646.80
Utility Tractor	5 yrs	8/07	2,999 99	S	849 66	599 76	1,550 57
Storage Container	7 yrs	10/07	7,680 60	S	1,371 60	1,097 28	5,211 72
Total Other Campus Equipt			**164,703.67**		**152,839.06**	**3,188.69**	**8,675.92**
Campus Fixtures							
Stage Curtain	7 yrs	8/00	5,575.00	S	5,575 00	0 00	(0 00)
Signage/Artwork	7 yrs	2/00-3/00	10,031 81	S	10,031.81	0 00	0 00
2 Handicapped Access Doors	7 yrs	6/00	2,814 00	S	2,814 00	0 00	0 00
2 Handicapped Access Doors	7 yrs	3/01	2,814 00	S	2,814.00	0 00	0 00
Gutters/Downspouts	7 yrs	5/00	4,989 00	S	4,989 00	0 00	0.00
Boiler Modifications	7 yrs	8/00	6,527 00	S	6,527 00	0 00	0 00
Sound Baffles	7 yrs	11/00	6,842 20	S	6,842 20	0 00	(0 00)
Lighting	7 yrs	11/00	9,700 00	S	9,700 00	0 00	0 00
Sound Baffles	7 yrs	12/00	5,294 85	S	5,294 85	0 00	0 00
Window Shades-Gym	7 yrs	3/01	1,175 00	S	1,175 00	0 00	(0 00)
Fireplace Screen	7 yrs	10/99	7,500 00	MACRS	7,500 00	0 00	0 00
Outside Lighting	7 yrs	1/01	3,418 20	S	3,418 20	0 00	(0 00)
Lighting	7 yrs	10/01	3,389 34	S	3,389.34	0.00	0 00
Signage	7 yrs	9/01	1,950 00	S	1,950.00	0 00	(0 00)
Flagpole/Light	7 yrs	5/02	3,781 73	S	3,680.94	100 79	0 00
Portrait	7 yrs	4/03	8,186 32	S	7,415 15	578.28	192.89
9x12 Oriental Carpet	7 yrs	11/03	14,000 00	S	12,428.24	820.08	751 68
Condenser Modifications	7 yrs	5/05	11,240 60	S	5,887 93	1,605 80	3,746.87
Carpet	7 yrs	6/05	2,268 00	S	1,161 00	324 00	783.00
Handicapped Access Doors	7 yrs	12/30/05	3,333.15	S	1,428 48	476 16	1,428.51
Countertops/Cabinets	7 yrs	12/30/05	11,832 37	S	5,071.02	1,690.34	5,071 01
Carpet	7 years	12/30/05	13,303 00	S	5,701.29	1,900 43	5,701.28
HVAC Improvements/Upgrades	7 years	5/06	50,415 00	S	19,205.72	7,202.14	24,007 14
Countertops-New Heights	7 yrs	8/06	4,289.50	S	1,480 90	612 80	2,195 80
Lightning Arrestor	7 yrs	10/06	3,950.00	S	1,269 55	564.24	2,116.21
Carpet/Tile	7 yrs	6/06	6,578 00	S	2,427.59	939 71	3,210 70
Snow Dams	7 yrs	7/06	8,140 00	S	3,004.05	1,162 86	3,973 09
Water Heater-1	7 yrs	12/06	32,370 00	S	9,634 00	4,624 32	18,111 68
Carpeting-Stairs	7 yrs	7/1/07	5,126 00	S	1,098.36	732 24	3,295 40
Water Heater-2	7 yrs	7/1/07	32,745 00	S	7,016.76	4,677 84	21,050 40
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Poles/Bollards	7 yrs	8-9/07	5,248 85	S	999.75	749.83	3,499 27
Gymnasium Lights	7 yrs	9/07	11.320 00	S	2,156 16	1,617 12	7,546 72
Condenser Relocation	7 yrs	10/07	2,713.00	S	484 50	387 60	1,840.90
Stone Wall Repair	7 yrs	12/07	5.600 00	S	866 71	800 04	3,933 25
Lighting	7 yrs	12/07	5,797 15	S	898 82	829 68	4,068 65
Ladder System	7 yrs	12/07	10,450 00	S	1,617.20	1,492 80	7,340 00
Carpet-Upstairs Hallway	7 yrs	12/07-7/08	26,828 00	S	1,916 28	1,916 28	22,995 44
Gutter Upgrade	7 yrs	2/26/09	5,590 00	S	0 00	665 48	4,924.52
Stone Wall-Children's Playground	7 yrs	8/09	14,108 80	S	0 00	839 81	13,268 99
Kitchen Wall Upgrade	7 yrs	8/09-9/09	3,949.51	S	0 00	188 08	3,761 43
Compressor #A1	7 yrs	9/09	7,795 00	S	0.00	371 20	7.423 80
Total Campus Fixtures			**382,979.38**		**168,870.80**	**37,869.95**	**176,238.63**

CAMPUS ASSETS Kitchen Furnishings	ASSET LIFE	DATE ACQUIRED	COST	DEPREC METHOD	PRIOR DEPREC	2009 DEPREC	12/31/09 VALUE
Kitchen Equipment	7 yrs	10/99	153,236.88	MACRS	153,236.88	0.00	0.00
Heater/Installation	7 yrs	5/06	3,436.26	S	1,308.80	490.80	1,636.66
Cash Register	7 yrs	6/06	2,125.50	S	784.41	303.64	1,037.45
Dishwasher Heating Element	7 yrs	10/06	3,014.38	S	969.02	430.68	1,614.68
Oven	7 yrs	9/08	6,270.00	S	298.56	895.71	5,374.29
Drop-in Units-Display	7 yrs	10/09	1,135.00	S		40.53	1,094.47
Total Kitchen Furnishings			**169,218.02**		**156,597.67**	**2,161.36**	**10,757.55**
Facility							
Facility - Phase I	40 yrs	As of 12/99	9,577,619.51	S	2,164,941.10	239,440.49	7,173,237.92
Construction Period Interest	40 yrs	As of 12/99	518,266.10	S	124,850.08	12,956.65	380,459.37
Additional Facility Costs	39 yrs	3/00	33,985.00	S	7,469.66	849.63	25,665.71
Total Facility			**10,129,870.61**		**2,297,260.84**	**253,246.77**	**7,579,363.00**
Land Improvements							
Land Improvements	15 yrs	As of 12/99	1,847,291.60	S	1,169,951.33	123,152.77	554,187.50
Misc Land Improvements	15 yrs	6/00	19,230.47	S	10,897.26	1,282.03	7,051.18
Misc Land Improvements	15 yrs	7/00	19,718.63	S	11,173.93	1,314.58	7,230.12
Misc Land Improvements	15 yrs	8/00	32,782.89	S	18,577.00	2,185.53	12,020.36
Misc Land Improvements	15 yrs	9/00	17,871.61	S	10,127.24	1,191.44	6,552.93
Misc Land Improvements	15 yrs	10/00	10,400.00	S	5,893.31	693.33	3,813.36
Misc Land Improvements	15 yrs	11/00	20,152.94	S	11,420.00	1,343.53	7,389.41
Improvements - Quarry Rd	15 yrs	5/31-12/31/01	8,299.06	S	4,057.31	553.27	3,688.48
Improvements-Walking Trails	15 yrs	7/31-12/31/01	25,142.96	S	12,012.77	1,676.20	11,453.99
Improvements-Jap Garden	15 yrs	3/1-5/31/02	5,961.25	S	2,616.35	397.42	2,947.48
Improvements-Site B	15 yrs	5/1/05-9/30/09	956,271.24	S		15,937.86	940,333.38
Improvements-Quarry Road	Ongoing	1/1/08-	34,282.30	S			34,282.30
Total Land Improvements			**2,997,404.95**		**1,256,726.50**	**149,727.96**	**1,590,950.49**

New Equipment

Retired/Disposed Equipment

Federal Statements

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

Description	Beginning of Year	End of Year	Fair Market Value
DEFERRED FINANCING COSTS	$ 183,288	$ 169,497	$ 169,497
PREPAID FEDERAL TAXES	42,854	36,705	36,705
TOTAL	$ 226,142	$ 206,202	$ 206,202

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

Description	Beginning of Year	End of Year
PENSION LIABILITY	$ 92,096	$ 15,588
SCHOLARSHIPS PAYABLE		2,500
SALARIES/PAYROLL TAXES PAYABLE		5,298
TOTAL	$ 92,096	$ 23,386

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

Description	Amount
SFAS 124 FMV - 2009 GAIN (LOSS)	$ 1,371,676
2009 GAIN(LOSS) ON PENSION PLAN ASSETS	113,408
TOTAL	$ 1,485,084

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

Description	Amount
SFAS 124 FMV - 2008 GAIN(LOSS) - REVERSAL	$ -9,993,730
TOTAL	$ -9,993,730

FOUNDATION FOR SEACOAST HEALTH **02-0386319**

Form 990PF - 12/31/09

Part XV, Line 3a Approved for Future Payment:

NAME/ORGANIZATION	ADDRESS	PURPOSE OF GRANT	AMOUNT
Seacoast Mental Health Center	1145 Sagamore Avenue Portsmouth, NH 03801	New Heights Program Technical Assistance Challenge Grant	**191,250.00** **9,650.00** **50,000.00**
Lamprey Health Care	207 So. Main Street Newmarket, NH 03857	Medical Financial Assistance	**9,000.00**
Community Child Care Center	100 Campus Drive, Ste 20 Portsmouth, NH 03801	Wage Solutions	**22,500.00**
			$282,400.00

FOUNDATION FOR SEACOAST HEALTH
PROGRAM EXPENDITURES 2009

PROGRAM	2009 CARRYOVER AMOUNT	2009 AMOUNT AWARDED	2010 CARRYOVER AMOUNT	2009 PAYOUT
Scholarships:				
Graduate		$0 00		
Undergraduate		10,000 00	2,500 00	
TOTAL SCHOLARSHIPS	**$0.00**	**$10,000.00**	**$2,500.00**	**$7,500.00**
Gifts/Contributions:				
NH Center for Nonprofits		625 00		
Seacoast Mental Health Center		50 00		
Leadership Seacoast		300 00		
American Cancer Society		250 00		
Total Gifts/Contributions	**$0.00**	**$1,225.00**	**$0.00**	**$1,225.00**
Medical Financial Assistance Grants:				
MF-080-Lamprey Health Care		36,000 00	9,000 00	27,000 00
MF078(3)-Families First/Greater Seacoast		180,000 00		180,000 00
MF-079-Lamprey Health Care	10,000 00			10,000 00
MF078(2)-Families First/Greater Seacoast	200,000 00			200,000 00
Total Medical Financial Asst Grants	**$210,000.00**	**$216,000.00**	**$9,000.00**	**$417,000.00**
Infants/Children/Adolescent Grants:				
525ICA-Seacoast Mental Health Center		181,250 00		181,250 00
Technical Assistance		20,000 00	9,650 00	10,350 00
525ICA(2)-Seacoast Mental Health Center		191,250 00	191,250 00	0 00
Challenge Grant		50,000 00	50,000 00	0 00
526ICA-Community Child Care Center		45,000 00	22,500 00	22,500 00
524ICA-Community Child Care Center	25,000 00			25,000 00
523ICA-Seacoast Mental Health Center	212,500 00			212,500 00
Total Inf/Child/Adol Grants	**$237,500.00**	**$487,500.00**	**$273,400.00**	**$451,600.00**
TOTAL GRANTS/CONTRIBUTIONS	**$447,500.00**	**$704,725.00**	**$282,400.00**	**$869,825.00**
TOTAL SCHOLARSHIPS/GRANTS/CONTRIBUTIONS/OTHEI	**$447,500.00**	**$714,725.00**	**$284,900.00**	**$877,325.00**

FOUNDATION FOR SEACOAST HEALTH

Grants

Year Ended December 31, 2009

No.	Name	Project	Balance 2009	Awarded 2009	Paid 2000	Balance 2009
	NH Center for Nonprofits	Membership Fee		625 00	625 00	0 00
	Seacoast Mental Health Center	Misc Donation		50 00	50 00	0 00
	Leadership Seacoast	Misc Donation		300 00	300 00	0 00
	American Cancer Society	Misc Donation		250 00	250 00	0 00
MF-080	Lamprey Health Care	Medical Financial Assistance		36,000 00	27,000 00	9,000 00
MF-079	Lamprey Health Care	Medical Financial Assistance	10,000 00		10,000 00	0 00
MF-078(3)	Families First/Greater Seacoast	Comprehensive Health/Support Services		180,000 00	180,000 00	0 00
MF-078(2)	Families First/Greater Seacoast	Comprehensive Health/Support Ser	200,000 00		200,000 00	0 00
526ICA	Community Child Care Center	Wage Solutions		45,000 00	22,500 00	22,500 00
524ICA	Community Child Care Center	Staff Incentives/Training Program	25,000 00		25,000 00	0 00
525ICA	Seacoast Mental Health Center	New Heights Program		181,250 00	181,250 00	0 00
	Seacoast Mental Health Center	Technical Assistance		20,000 00	10,350 00	9,650 00
525ICA(2)	Seacoast Mental Health Center	New Heights Program		191,250 00	0 00	191,250 00
	Seacoast Mental Health Center	Challenge Grant		50,000 00	0 00	50,000 00
523ICA	Seacoast Mental Health Center	New Heights Program	212,500 00		212,500 00	0 00
TOTALS			**447,500.00**	**704,725.00**	**869,825.00**	**282,400.00**

FOUNDATION FOR SEACOAST HEALTH

Scholarships

Period Ended December 31, 2009

No.	Name	Balance Due 2009	Awarded 2009	Declined/Withdrew/ Rescinded-2009	Paid 2009	Balance Due 2010
24-003	Erica R Michaud	0 00	5,000 00	0 00	5,000 00	0 00
24-008	Melody L Rees	0 00	1,500 00	0 00	750 00	750 00
24-015	Rachel A Sluder	0 00	3,500 00	0 00	1,750 00	1,750 00
TOTALS		**$0.00**	**$10,000.00**	**$0.00**	**$7,500.00**	**$2,500.00**

Schedule of Appropriations and Payments, by Program Area Fiscal Year 2009

12/31/2009

Recipient and/or Purpose	Tax Status	Beginning Balance 2009	Newly Allocated 2009	Amended 2009	Amount Paid 2009	Ending Balance 2009
Collaborative/Leveraging Activities						
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 *HEAL/Step It Up Seacoast* $1,000.00 2009	509a(1)	$0.00	$1,000.00	$0.00	$1,000.00	$0.00
Total Collaborative/Leveraging Activities (1 item)		$0.00	$1,000.00	$0.00	$1,000.00	$0.00
Contribution						
American Cancer Society 6800 jericho Turnpike, Suite 200W Syosset, NY 11791 *Contribution-Memory of Alice Scourby* $250.00 2009		$0.00	$250.00	$0.00	$250.00	$0.00
Leadership Seacoast P.O. Box 131 Portsmouth, NH 03801 *Community Sponsorship* $300.00 2009	501c(3)	$0.00	$300.00	$0.00	$300.00	$0.00
NH Center for Nonprofits 10 Ferry Street, Suite 315 Concord, NH 03301 *Membership Fee* $625.00 2009		$0.00	$625.00	$0.00	$625.00	$0.00

Recipient and/or Purpose	Tax Status	Beginning Balance 2009	Newly Allocated 2009	Amended 2009	Amount Paid 2009	Ending Balance 2009
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 *Donation-Member of Michael Iafolla* $50.00 2009	509a(1)	$0.00	$50.00	$0.00	$50.00	$0.00
Total Contribution (4 items)		$0.00	$1,225.00	$0.00	$1,225.00	$0.00
Infants/Children/Adolescents						
Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 *Wage Solutions* $50,000.00 2008	501c(3)	$25,000.00	$0.00	$0.00	$25,000.00	$0.00
Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 $45,000.00 2009	501c(3)	$0.00	$45,000.00	$0.00	$22,500.00	$22,500.00
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 *New Heights Program* $425,000.00 2008	509a(1)	$212,500.00	$0.00	$0.00	$212,500.00	$0.00
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 *New Heights* $181,250.00 2009	509a(1)	$0.00	$181,250.00	$0.00	$181,250.00	$0.00

Recipient and/or Purpose	Tax Status	Beginning Balance 2009	Newly Allocated 2009	Amended 2009	Amount Paid 2009	Ending Balance 2009
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 *New Heights Program* $191,250.00 2009	509a(1)	$0.00	$191,250.00	$0.00	$0.00	$191,250.00
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 *Challenge Grant* $50,000.00 2009	509a(1)	$0.00	$50,000.00	$0.00	$0.00	$50,000.00
Total Infants/Children/Adolescents (6 items)		$237,500.00	$467,500.00	$0.00	$441,250.00	$263,750.00
Medical Financial Assistance Program						
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 *Comprehensive Health Center* $400,000.00 2008	509a(1)	$200,000.00	$0.00	$0.00	$200,000.00	$0.00
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 $180,000.00 2009	509a(1)	$0.00	$180,000.00	$0.00	$180,000.00	$0.00
Lamprey Health Care 207 South Main Street Newmarket, NH 03857 *MFA/InfoLink* $40,000.00 2008	501c(3)	$10,000.00	$0.00	$0.00	$10,000.00	$0.00

Recipient and/or Purpose	Tax Status	Beginning Balance 2009	Newly Allocated 2009	Amended 2009	Amount Paid 2009	Ending Balance 2009
Lamprey Health Care 207 South Main Street Newmarket, NH 03857 *Medical Financial Assistance Program* $36,000.00 2009	501c(3)	$0.00	$36,000.00	$0.00	$27,000.00	$9,000.00
Total Medical Financial Assistance Program (4 items)		$210,000.00	$216,000.00	$0.00	$417,000.00	$9,000.00
Technical Assistance						
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 *Technical Assistance-Strategic Planning* $20,000.00 2009	509a(1)	$0.00	$20,000.00	$0.00	$10,350.00	$9,650.00
Total Technical Assistance (1 item)		$0.00	$20,000.00	$0.00	$10,350.00	$9,650.00
Grand Totals (16 items)		$447,500.00	$705,725.00	$0.00	$870,825.00	$282,400.00

Federal Statements

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

Description

SEE ATTACHED BROCHURES

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

Description

SEE ATTACHED BROCHURES

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

Description

SEE ATTACHED BROCHURES

FOUNDATION FOR SEACOAST HEALTH

Since 1985, the Foundation for Seacoast health has awarded over $2 million in scholarships to students pursuing health-related fields.

Scholarships are awarded to Seacoast residents engaging in health related fields of study. Since 1986, the Foundation has awarded over $2 million in scholarships.

Offices at the Community Campus
100 Campus Drive, Suite 1
Portsmouth, NH 03801
Directions

603.422.8200
ffsh@communitycampus.org

Scholarship Program

The Foundation for Seacoast Health awards scholarships ranging from $1000 to $5000 each year. Candidates must be pursuing a health-related field of study in a degree program in an accredited institution of learning. Scholarship awards only may be used for tuition, books, health insurance, educational fees, and course related medical equipment.

Awards are based on academic achievement, community service, and dedication to health related field of study. Financial need will be considered if optional additional financial information on Page 3 of the application is completed.

At a minimum, two scholarship awards are made each year:

Edwina Foye Award for Outstanding Graduate Student

The Edwina Foye scholarship was established in 1985 by colleagues, friends, and family to honor the memory of Edwina Foye, RN, a nurse who dedicated twenty-five years of service to Portsmouth Hospital (1952-1978). This scholarship is awarded at the Foundation's Annual Meeting in April to a graduate student who is a resident in one of the nine towns in the Foundation area. The individual selected for this award must be pursuing a career in health and demonstrate outstanding academic achievement and personal accomplishments.

Steven Cutter Award for Outstanding Undergraduate Student

The Steven Scott Cutter scholarship was established by the Board of Trustees in 1999 in memory of Steven, son of Nancy L. Cutter, Foundation for Seacoast

Health Administration Executive. Steven was a 1989 graduate of St. Thomas Aquinas High School and a 1994 graduate of the University of Connecticut College of Pharmacy. The Steven Scott Cutter Scholarship will be awarded at the Foundation's Annual Meeting in April to an outstanding undergraduate student who is a resident in one of the nine towns in the Foundation area and who is pursuing a health-related field of study.

Eligibility

To be eligible for award consideration, applicants continuously must have been and continue to be a resident of one (or more) of the following communities (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, New Hampshire; or, Kittery, Eliot, or York, Maine for a minimum of two (2) years (January 2007-Present) prior to the 2009-2010 Scholarship Program.

Applicants must be pursuing a health-related field of study as an undergraduate or graduate student in an accredited institution of learning. Greatest consideration will be given to academic achievement as exemplified by class rank, GPA, and test scores; also considered are course difficulty, work shortage areas of need in Seacoast, job experience, community service, evidence of dedication to chosen field of study, and financial need.

Selection Process

The Scholarship Committee consists of community volunteers from a variety of health related fields. To insure objective analysis of each request, the applications are scored using a blind selection process. This means that all references to a candidates' identity have been deleted prior to Committee review. Each application is assigned a total score by individual Committee members based upon eight areas of review. The Committee then deliberates the collective results and selects one undergraduate and one graduate candidate for scholarship consideration.

Application Review Criteria

- Academic Excellence (National Test Scores, Grade Point Average, and Course Difficulty)
- Financial Need (Optional)
- Statements of Support (Statements support appropriateness of candidates choice of health-related field of studies, personal attributes, and evidence of leadership, motivation, and maturity)
- Employment Experience in Health-related field
- Community Involvement (voluntary involvement in community relative to health field of study of choice of career)
- Personal Essay (Relation of essay topic to health studies or career choice)
- Personal Goals (Evidence of commitment to field of health and potential for return to serve foundation communities)
- Choice of Career in Workforce Shortage Areas (Special consideration will be give to candidates who are pursuing a career as a primary care practitioner, nurse, dentist, dental hygienist, and pharmacist)

Distribution of Awards

Scholarship recipients and non-recipients shall be notified in early April.

- Awards will be paid in two equal installments per academic year with the first being issued on or after the third Tuesday in August and the second on or before December 30. Checks shall be issued jointly to the student and the school and must be endorsed by both parties. Checks shall not be issued until all components of the terms of agreement, signed by each scholarship recipient, have been met.

Obligations of Award Recipients

Prior to any funds being discharged, scholarship recipients are required to submit verification of enrollment in an accredited institution as a part-time (8 or more credits) or full time student and confirmation of acceptance into a health-related field of study. At the end of the academic year, recipients must provide the Foundation for Seacoast Health with an official transcript and a financial accounting of how the scholarship monies were used.

Financial Aid

A scholarship recipient who applies for financial aid may encounter reductions of, or amendments to, his/her institutional aid because of this scholarship award. To receive financial aid, state and federal regulations require that a candidate for receipt of financial aid must report all outside awards to the financial aid office of the institution he/she attends or plans to attend. If a student provides inaccurate application information or incomplete information about outside awards and personal resources, he/she risks jeopardizing his/her entire financial aid package as well as his/her Foundation for Seacoast Health Award.

Additional Information

If the Foundation determines that any part of an award has been used for improper purposes, it may take all reasonable and appropriate steps either to recover the funds, or restore the diverted funds to the purposes being financed by the Foundation. Candidates who do not complete all components of the terms of agreement could jeopardize their future scholarship eligibility.

All awards are made without regard to race, creed, color, sex, age, veteran, or marital status, disability, religion, sexual orientation, or national origin. All information such as initial applications, references, student records and reports which are secured by the Foundation to evaluate the qualification of applicants or the documents required annually from Scholarship recipients become the property of the Foundation for Seacoast Health.

How to Apply

To apply for a scholarship, an applicant must complete and postmark his or her application to the Foundation for Seacoast Health no later than February 1st.

All candidates must submit scores from appropriate tests (see list below) prior to the scholarship application deadline even if test scores are not required by schools for admittance. Scores from tests administered prior to 2003 are inadmissible for traditional students. Non-traditional students (individuals returning to school after an extended absence of 5 years or more) should contact the Foundation for Seacoast Health office for further clarification.

Required Test Scores

Graduate Students

- Graduate Record Exam (GRE) or Graduate Medical Aptitude Test (GMAT)
- Medical College Admission Test (MCAT)
- Dental Admission Test (DAT)
- National League of Nursing Admissions Test (NLN)

(Millers Analogy is not acceptable in lieu of the above)

Undergraduate Students

- Scholastic Aptitude Test (SAT)
- National League of Nursing Admissions Test (NLN)

Application Forms

Applicants are required to use the following Foundation for Seacoast Health application materials:

- **2009 Scholarship Application**
- **2009 Student Assessment Form** (Three required)
- **Application Checklist**
  See checklist for required attachments to application

Go to the **Scholarship Forms** page to download application materials.

Letters of Support emphasizing candidate's health-related goals may be attached to but may not be substituted for the three required Student Assessment Forms. Any candidate who has previously received a Foundation for Seacoast Health award must submit new references each year and at least two from current professors/teachers (if applicant is enrolled in school.) References submitted from past years will not be acceptable and will cause an application to be deemed incomplete.

When taking the GRE, to have an official copy of your test scores sent directly to the Foundation for Seacoast Health, use our Educational Testing Service code number 3145 on your GRE application.

The Foundation for Seacoast Health reserves the right to request additional information and not to process applications found to be incomplete as of the application deadline, February 1st.

FOUNDATION
for Seacoast Health

FOR OFFICIAL USE

DATE RECEIVED

CANDIDATE #

100 Campus Drive, Suite One • Portsmouth, NH 03801 (603) 422-8200 • Fax (603) 422-8207 • email fsh@communitycampus.org

SCHOLARSHIP PROGRAM APPLICATION

SUBMISSION DEADLINE

FEBRUARY 1, 2009

GENERAL INFORMATION

STUDENT NAME _____
Last First MI

PERMANENT RESIDENCE _____
Street

_____
City State Zip

E-MAIL ADDRESS _____

PREFERRED MAILING ADDRESS _____
Street

_____
City State Zip

CURRENT TELEPHONE _____ _____ _____
Home Work School

SOCIAL SECURITY # _____ _____ **Female** _____ **Male** _____
Date of Birth

STUDENT STATUS (check one)
Graduate ☐ Undergraduate ☐ Non-Degree ☐ Traditional ☐ *Non-Traditional ☐ Full-Time ☐ **Part Time ☐

If you are a non-traditional* (an individual returning to school after and extended absence) or a part-time** student please answer the following:

*Non-Traditional
_____No of Years Since Last Enrolled

Part Time (minimum of 8 credits per semester to qualify)
_____No Credits/Semester

FOR SCHOOL OFFICIAL ONLY

If you are a senior in high school, you must have your guidance counselor or high school principal complete and sign this section.

If you are already enrolled in an undergraduate or graduate program, you must have your advisor or department chair complete and sign this section.

If not using computer, please type or print.

TO THE BEST OF MY KNOWLEDGE _____
(Applicant's Name)

INTENDS TO PURSUE A HEALTH-RELATED CAREER IN _____
(Health Field)

THROUGH THE FOLLOWING COURSE OF STUDY _____
(Major)

_____ _____
School Official's Signature Daytime Telephone Number

_____ _____
School Official's Name/Title (Please Print) Name of School

_____
School Address (Street, City, State, Zip Code)

If not using a computer, please print or type.

EDUCATIONAL INFORMATION

Current or proposed health-related field of study_____

Name and address of **college/graduate/medical school** you are presently attending (or expect to attend):

School _____City_____State_____

Projected year in program, beginning in September 2009 – June 2010: ( )1st ( )2nd ( )3rd ( )4th ( )5th

Total Years in Program _____ Expected Graduation Date_____ Degree to be Awarded_____

REQUIRED TEST SCORES

Graduate	MCAT, GMAT, or GRE. (Millers Analogy not accepted as substitute)
Undergraduate	SAT
High School Seniors	Rank in Class and SAT

Attach official copy of most recent test scores. Scores prior to 2003 are inadmissible for traditional students. Non-traditional students (individuals returning to school after an extended absence) should contact the Foundation for Seacoast Health office if tests were taken prior to 2003. **Test scores are required for FSH scholarship considerations EVEN if school does not require same.**

SUPPLEMENTAL INFORMATION

Attach a detailed resume which includes:

- Schools attended with Graduation Dates
- Any notable awards, honors, or citations received
- All volunteer activities
- Employment experience, positions held, & names of employers

PERSONAL INFORMATION

1. Explain why you have chosen to pursue your health-related field of study or career.

2. Give evidence of the likelihood that you will be returning to the NH/ Southern ME seacoast area to work after completing your health related studies.

3. (OPTIONAL) Are there any extenuating academic, personal, or financial circumstances that you wish the Scholarship Committee to consider when evaluating your application?

4. How did you hear about the Foundation for Seacoast Health Scholarship Program?

ESSAY

You have two choices to fulfill the essay requirement. Essays will be judged for clarity of thought, legibility, and academic presentation. **All essays must include credible research data with correctly cited works or sources.**

1. Attach a typewritten research essay of 500 words or less about an issue related to your chosen health-related field of study; or,
2. You may submit an edited, typewritten version of a health-related research paper that you submitted within the past year for a course in which you were enrolled. **The name of the course title, professor/instructor, and academic institution must be identified on the cover sheet of the submitted paper.** The edited version must adhere to the 500 words or less requirement.

ESTIMATED SCHOOL COSTS

Tuition		Fees		Room & Board	
Books and Supplies		Transportation to/from home if commuting		Health Insurance	

ADDITIONAL FINANCIAL INFORMATION (OPTIONAL)

IF you are a **dependent** (under the age of 24), please have your parents complete the **PARENT INFORMATION** section of this form using information from their most recent IRS Tax Return. You must complete the **STUDENT INFORMATION** section.

IF you are an **independent** (over age 24; or, under age 24 and have served in the military, are married and live away from home, are a ward of the courts, or have not been claimed by your parents for a minimum of two consecutive years and you earn more than $4000 annually) financial information about you (and your spouse) must be included. As an independent, your parents **do not** have to complete the **PARENT INFORMATION** section. However, if married, your spouse must complete the **PARENT (or Spouse)** section.

IF you, your parents' or spouse's financial situation has changed since your most recent tax returns were filed, you have the opportunity to explain changes in the **PERSONAL INFORMATION** section of this application.

CANDIDATE DEPENDENCY STATUS: Dependent _____ Independent _____

PARENT (or Spouse) INFORMATION

Adjusted gross income $_____

Total income tax paid $_____

Income earned from work by

Father $_____

Mother $_____

Your Spouse (if applicable) $_____

Untaxed income & benefits (Child support, AFDC, ADC, SSI) $_____

Medical/dental expenses not covered by insurance $_____

Cash, savings, stocks, bonds CD's, etc. $_____

Net value of real estate (market value less balance of mortgage $_____

STUDENT INFORMATION

Adjusted gross income $_____

Total income tax paid $_____

Income earned from work by

You $_____

Untaxed income & benefits (Child support, AFDC, ADC, SSI) $_____

Medical/dental expenses not covered by insurance $_____

Cash, savings, stocks, bonds CD's, etc. $_____

Net value of real estate (market value less balance of mortgage $_____

Scholarships and other resources including veteran's benefits and prepaid tuition plans $_____

Age of Older Parent _____ Number in Family _____

Parent's current marital status: __ single __married __separated __ divorced __widowed

Your current marital status: __ single __ married __ separated __ divorced __widowed

Total number of family members attending college during the next academic year _____

School you plan to or are attending: _____

Address: _____

CERTIFICATION STATEMENT

I Certify that all information on this form is true and complete to the best of my knowledge. If asked by the Foundation for Seacoast Health, I agree to give documentation for information given on this form. I realize that this proof may include a copy of a US Tax return.

Applicant Signature: _____ Date: _____

AFFIDAVIT TO BE COMPLETED REGARDING DOMICILE AND RESIDENCE

Student's Name _____
(Last) (First) (Middle)

Legal Residence _____
(Street) (Town/City) (State Zip)

Mailing Address _____
(Street) (Town/City) (State Zip)

I understand that one of the requirements to qualify as a Foundation for Seacoast Health scholarship applicant is that I continuously must have been and continue to be legally domiciled in one or more of the following communities in the Foundation area (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, NH; or Kittery, Eliot, or York, ME) for a minimum of two (2) consecutive years beginning with January, 2007 to the present.

I, _____ have been legally domiciled in
(Student's Name)

I, _____ from _____ to _____ and
(Town/City) (Mo/Year) (Mo/Year)

_____ from _____ to _____
(Town/City) (Mo/Year) (Mo/Year)

totaling _____ years of residency in the Foundation area. I have no other permanent residence and I am on the checklist of my current town or city of domicile.

_____ _____
(Witness) (Student's Signature)

Sworn to before me this _____ day _____, 20_____.

Notary Public _____

My commission expires: _____

The Foundation for Seacoast Health Scholarship Program offers two one-year $5,000 scholarships, to one graduate and one undergraduate student, who are pursuing health-related fields of study. Recipients will be selected on a competitive basis with highest priority being given to **ACADEMIC ACHIEVEMENT**, exemplified by class rank, GPA, test scores, & course difficulty and **FINANCIAL NEED.**

In order to be eligible the applicant continuously must have been and continue to be a resident of one of the following communities (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, New Hampshire; or Kittery, Eliot, or York, Maine) for a minimum of two (2) calendar years (January 2007 - Present) prior to the 2009-2010 Scholarship Program.

All documents secured by the Foundation to evaluate the qualification of applicants become the property of the Foundation for Seacoast Health.

The Foundation for Seacoast Health reserves the right not to process applications found to be incomplete as of the application deadline, **February 1, 2009**.

BY SIGNING THIS APPLICATION FORM, I HEREBY AUTHORIZE THE INSTITUION I WILL ATTEND TO RELEASE INFORMATION ON MY FINANCIAL AID AND MY PROGRAM OF STUDY TO THE FOUNDATION FOR SEACOAST HEALTH AND I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CURRENT AND ACCURATE.

I UNDERSTAND THAT IF I RECEIVE OTHER SCHOLARSHIP AWARDS, I MUST NOTIFY THE FOUNDATION FOR SEACOAST HEALTH IMMEDIATELY. FAILURE TO DO SO MAY JEOPARDIZE MY CURRENT FOUNDATION FOR SEACOAST HEALTH SCHOLARSHIP AWARD AND THE OPPORTUNITY TO BE CONSIDERED IN THE FUTURE.

_____ _____
Student's Signature Date

_____ _____
Parent's Signature (if applicant is under 18 years of age) Date

FOUNDATION FOR SEACOAST HEALTH
SCHOLARSHIP APPLICATION
ATTACHMENT CHECKLIST

The following documents are to be submitted with your scholarship application. It is highly recommended that your application be sent by certified mail --- If you do not receive an acknowledgment of your application from the Foundation office by February 6, call the Foundation regarding the status of your application.

☐ **THREE CURRENT STUDENT ASSESSMENT AND STATEMENT OF SUPPORT FORMS IN SEALED ENVELOPES**

☐ **OFFICIAL SCHOOL TRANSCRIPTS**
(Grade Reports and Student Copies not acceptable)

Undergraduate Applicant
High School Transcript(s)
College Transcript(s)

Graduate Student
College Transcript(s)
Graduate Transcript(s)

☐ **TEST SCORES**

Undergraduate Students
- Scholastic Aptitude Test (SAT) or
- National League of Nursing Admissions Test (NLN)

Graduate Students
- Graduate Record Exam (GRE) or
- Graduate Medical Aptitude Test (GMAT)
- Medical College Admission Test (MCAT)
- Dental Admission Test (DAT)
- National League of Nursing Admissions Test (NLN)

(Millers Analogy is not acceptable in lieu of the above)

☐ **ESSAY**

☐ **CURRENT RESUME**

FOUNDATION FOR SEACOAST HEALTH

Families First Health & Support Center, *based at the Community Campus.provides a broad range of health and family support services to individuals and families, regardless of ability to pay.*

When prevention became the buzzword in nonprofit circles, the Foundation was already supporting programs that provided access to prenatal and primary care, counseling, health education and after school programs for young children and teens.

Offices at the Community Campus
100 Campus Drive, Suite 1
Portsmouth, NH 03801
Directions

603.422.8200
ffsh@communitycampus.org

Grant Programs

The Foundation for Seacoast Health is not considering new grant initiatives at this time. Proposals for Foundation for Seacoast Health funding are only considered for currently funded 501 (c) 3 organizations whose main base of operations are located in one of the nine communities within the Foundation's service area (Portsmouth, Newington, New Castle, Greenland, Rye, and North Hampton, NH; and Kittery, Eliot, and York, ME).

Continuing Operational Grants

For currently funded programs seeking continued operational support, the deadlines for proposal submissions are:

INFANTS, CHLDREN AND ADOLESCENT PROGRAMS March 1st

PROMOTING HEALTH AND PREVENTING DISEASE June 1st

Funding requests should not exceed one-third of the submitting agency's operating budget. To be considered for continuing support, programs must submit updated business plans, be able to demonstrate satisfactory completion of stated annual program goals with measurable outcomes and document progress toward financial sustainability.

All grant recipeints are required to make quarterly written progress reports to the Foundation that include a written narrative of progress toward program goals and an accounting of all grant expenditures to date. Grant payment installments are quarterly upon receipt of the report.

Download application & reporting forms:

Instructions for preparing Proposal Document (Adobe Acrobat)
Proposal Cover Sheet (Adobe Acrobat)
Quarterly Grant Reporting Form.

FOUNDATION
for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801
Tel. (603) 422-8200 • Fax (603) 422-8207
E-mail: fsh@communitycampus.org

TO CONTINUE EXISTING OPERATION GRANTS
PROPOSAL COMPONENTS

Please present information in the format outlined below. Use this outline as a checklist in preparing your proposal and number your responses to correspond to the listing of information requirements. Proposal pages should be stapled (not bound) and pages numbered. Incomplete proposals shall not be considered. **Submit one original and one copy**.

1. Briefly describe your organization, its mission, and its current programs and services.

2. Document the continued need for what you are proposing to do. Include current in-house data, and appropriate information from other service providers with whom you collaborate.

3. Do other organizations address these needs in the community and, if so, how will your proposal supplement or augment these services?

4. If you are already collaborating with other community or statewide partners, what do each of you bring to the table? How do you and the other providers coordinate activities and avoid duplication of services? (You may wish to include letters of support from collaborators.)

5. Describe the project you propose to continue through Foundation for Seacoast Health grant funds. Provide the ages, number, and geographic area of people expected to be served. (Has this changed since your last proposal?)

6. Describe planned activities specifically including goals for services, events, participants, etc.

7. Provide a timeline with action plan and those responsible for implementation of services, events, and activities.

8. Describe the cost/benefit of your program.

9. Evaluate the success of the program, if possible, in both quantitative and qualitative terms. What specific, measurable outcomes, and what quality indicators do you use to evaluate and report on the program on a quarterly and annual basis? How will your staff use this data? What impact do you expect your

program to have on your community?

10. How will you keep the public informed about the services you offer?

11. What additional sources of financial support are being developed to ensure continuation beyond the period of Foundation for Seacoast Health funding?

12. What is the vision of where your program will be in the next three years?

ATTACHMENTS

With all proposals, please attach in the following order:

- ❑ Board resolution or transmittal letter authorizing grant request;
- ❑ Agency organizational chart;
- ❑ Curriculum Vitae of person responsible for proposed program;
- ❑ One paragraph abstracts of staff involved with program implementation;
- ❑ Current list of Board of Trustees with addresses;
- ❑ Current operating budget;
- ❑ Current audit/financial statement;
- ❑ Copy of current 990 federal tax return;
- ❑ Letters of support from clients and/or collaborating partners (optional);
- ❑ Current program brochures or marketing materials (optional).

FOUNDATION
for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801
Tel. (603) 422-8200 • Fax (603) 422-8207
E-mail: fsh@communitycampus.org

PROPOSAL COVER SHEET

Please type your response or duplicate this form on your computer

Date:

Name of Applicant Organization: **Telephone #:**

Address: **E-mail Address:**

CEO/ExecutiveDirector:

Contact for this proposal: (if different) **Telephone #:**

Contact Address: if different from above) **E-mail Address:**

Fiscal Agent: (if applicant is not a 501(c)3 organization)

Application for (please specify amount): $ **Total Project Cost: $**

Total Operating Budget: $

Please respond briefly in the spaces provided. A more detailed description should be included in your full proposal.

PLEASE PROVIDE BRIEF DESCRIPTION OF PROPOSED PROJECT:

☐
☐
☐
☐
☐

PLEASE SUMMARIZE PROJECT OBJECTIVES: (What will be accomplished with the funding requested?)

ORGANIZATION PROFILE

Describe current services provided by the applicant organization:

Geographical area served: _____

_____

Year founded: _____

Number of Paid Staff: (specify # full and # part-time) _____

Number of Directors/Trustees: _____

Number of Volunteers: _____

Other: (describe) _____

_____

FINANCIAL SUMMARY

Provide information from most recent audit or annual financial statement:

Last Fiscal Year (FY) ended date $ _____

Last FY total expenditures * $ _____

Last FY total income $ _____

*If operating surplus or loss is more than 5% of total income, please comment:

☐ _____

☐ _____

☐ _____

☐ _____

Total Net Assets $ _____

Current (Projected) FY

Operating budget $ _____

LAST FISCAL YEAR

Sources of Support	**Amount**	**%**
Government grants & contracts	$_____	_____
Program fees/sales/ 3rd party payments	$_____	_____
Endowment/interest income	$_____	_____
Other earned income	$_____	_____
United Way	$_____	_____
Contributions:		
• Business	$_____	_____
• Individuals	$_____	_____
• Foundations	$_____	_____
• Other	$_____	_____
TOTAL	$_____	_____

PROJECT REVENUE AND EXPENSE BUDGET

Dates:_____ to_____

Revenue *	FSH Request	Other Foundations	Public Sources	Fundraising	Your Agency Contribution	Other Revenue	Total
FSH funding request							
Other Foundations **							
Public Sources							
Fundraising							
Your Agency Contribution							
Other Revenue (Please list sources)							
Total Income							

*** Note: Please indicate which funds are committed (c) or pending (p).**

**** Please provide total here with details in narrative.**

Total Project Expenses	FSH Request	Other Foundations	Public Sources	Fundraising	Your Agency Contribution	Other Revenue	Total
Personnel Project Coordinator Other Staff (Itemize Staff in budget narrative)							
Program materials/supplies							
Outreach and marketing							
Phone/Fax							
Office Supplies							
Equipment							
Overhead (please list)							
Other Expenses (please list)							
Total Expenses							

Please attach a budget narrative to clarify all Revenue and Expense line items.

FOUNDATION
for Seacoast Health

Foundation Offices at the Community Campus

100 Campus Drive, Suite One
Portsmouth, New Hampshire 03801
Telephone: (603) 422-8200
Facsimile: (603) 422-8207
ffsh@communitycampus org

GRANT REPORT

Organization: _____

Grant: _____

Reporting Period: _____

Form completed by: _____

Please use this checklist when submitting this report:

____ *Report narrative. Please use this form, or duplicate this form on your computer.*
____ *Grant expense statement. Please use attached form.*
____ *Updated progress report regarding the overall agency or program's financial plan including budget, actuals, and variance with explanation of variance.*
____ *Appendix: Addenda may include photographs, letters, public relations, marketing or development materials referenced in the report narrative.*

Report Narrative

1. Using the action plan and timeline submitted with the original grant request, please provide a list of completed tasks, as well as commitments that were missed, explanation of missed commitments and revised timeline.

2. Provide updates or changes to the collaborations or coalitions described in the original grant request.

3. Please explain any unanticipated benefits or positive outcomes relating to the goals submitted in the original grant request.

4. Please explain any unforeseen challenges or negative outcomes, and efforts made to address those challenges regarding the goals submitted in the original grant request.

5. Using the plan submitted in the original grant request, explain your progress to date regarding your efforts towards (1) community relations, (2) marketing, and (3) development and fundraising.

6. Please explain and address any organizational changes, including program staffing, that may or have affected project implementation.