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Form **990-PF**

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

OMB No 1545-0052

2010

Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, 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

| | | |
|---|---|---|
| Name of foundation FOUNDATION FOR SEACOAST HEALTH | | A Employer identification number 02-0386319 |
| Number and street (or P O box number if mail is not delivered to street address) 100 CAMPUS DRIVE, SUITE 1 | | B Telephone number (see page 10 of the instructions) 603-422-8204 |
| City or town, state, and ZIP code PORTSMOUTH NH 03801 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 50,583,356 | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| 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) |
|---|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received (attach schedule) | 21,500 | | | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | 338 | 338 | | |
| 4 Dividends and interest from securities | 629,018 | 629,018 | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 2,940,289 | | | |
| b Gross sales price for all assets on line 6a 16,990,557 | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 2,940,289 | | |
| 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 | 414,542 | | 414,542 | |
| 12 Total. Add lines 1 through 11 | 4,005,687 | 3,569,645 | 414,542 | |
| 13 Compensation of officers, directors, trustees, etc | 146,864 | 18,753 | | 127,530 |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | 52,709 | 9,850 | | 45,934 |
| 16a Legal fees (attach schedule) SEE STMT 2 | 19,816 | | 346 | 19,470 |
| b Accounting fees (attach schedule) STMT 3 | 26,750 | | | 21,250 |
| c Other professional fees (attach schedule) STMT 4 | 55,891 | 55,438 | | 325 |
| 17 Interest RECEIVED | 46,085 | | 13,331 | 33,024 |
| 18 Taxes (attach schedule) (see page 14 of the instructions) STMT 5 | 34,522 | | | |
| 19 Depreciation (attach schedule) and depletion STMT 6 | 500,658 | | 144,697 | |
| 20 Occupancy MAR 20 2011 | 390,961 | | 112,168 | 278,793 |
| 21 Travel, conferences, and meetings | 5,443 | | | |
| 22 Printing and publications OPEN IT | 6,125 | | | |
| 23 Other expenses (attach schedule) STMT 7 | 2,115,019 | 33,395 | 144,000 | 1,691,801 |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 3,400,843 | 117,436 | 414,542 | 2,218,127 |
| 25 Contributions, gifts, grants paid | 542,400 | | | 823,800 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 3,943,243 | 117,436 | 414,542 | 3,041,927 |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | 62,444 | | | |
| b Net investment income (if negative, enter -0-) | | 3,452,209 | | |
| c Adjusted net income (if negative, enter -0-) | | | 0 | |

SCANNED MAR 20 2011

Operating and Administrative Expenses

RECEIVED
MAR 20 2011
OPEN IT

5167

| Part II | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | | End of year | |
|-----------------------------|--|--|-------------------|----------------|-----------------------|--|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| Assets | 1 | Cash—non-interest-bearing | 186,721 | 325,771 | 325,771 | |
| | 2 | Savings and temporary cash investments | 3,669,181 | 8,376 | 8,376 | |
| | 3 | Accounts receivable ▶ 2,500,692 | | | | |
| | | Less: allowance for doubtful accounts ▶ | 12,515 | 2,500,692 | 2,500,692 | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | | |
| | 7 | Other notes and loans receivable (att. schedule) ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ 0 | | | | |
| | 8 | Inventories for sale or use | | | | |
| | 9 | Prepaid expenses and deferred charges | | | | |
| | 10a | Investments—U.S. and state government obligations (attach schedule) STMT 8 | 8,334,694 | 8,642,833 | 8,642,833 | |
| | b | Investments—corporate stock (attach schedule) SEE STMT 9 | 18,087,283 | 18,123,496 | 18,123,496 | |
| | c | Investments—corporate bonds (attach schedule) SEE STMT 10 | 10,940,334 | 8,924,569 | 8,924,569 | |
| | 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 ▶ 17,468,598 | | | | | |
| | Less: accumulated depreciation (attach sch.) ▶ STMT 11 5,537,498 | 12,383,787 | 11,931,100 | 11,931,100 | | |
| 15 | Other assets (describe ▶ SEE STATEMENT 12) | 206,202 | 126,519 | 126,519 | | |
| 16 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 53,820,717 | 50,583,356 | 50,583,356 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 131,894 | 375,941 | | |
| | 18 | Grants payable | 282,400 | 3,500 | | |
| | 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 | 11,795,000 | | |
| | 22 | Other liabilities (describe ▶ SEE STATEMENT 13) | 23,386 | 6,508 | | |
| | 23 | Total liabilities (add lines 17 through 22) | 15,232,680 | 12,180,949 | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| | 24 | Unrestricted | 38,095,930 | 37,878,297 | | |
| | 25 | Temporarily restricted | 212,387 | 219,300 | | |
| | 26 | Permanently restricted | 279,720 | 304,810 | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31. | | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | | |
| | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 | Total net assets or fund balances (see page 17 of the instructions) | 38,588,037 | 38,402,407 | | | |
| 31 | Total liabilities and net assets/fund balances (see page 17 of the instructions) | 53,820,717 | 50,583,356 | | | |

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 | 38,588,037 |
| 2 | Enter amount from Part I, line 27a | 2 | 62,444 |
| 3 | Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 14 | 3 | 1,123,601 |
| 4 | Add lines 1, 2, and 3 | 4 | 39,774,082 |
| 5 | Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 15 | 5 | 1,371,675 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 38,402,407 |

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 | 11,950,140 | | 9,516,770 | 2,433,370 |
| b | 4,858,337 | | 4,533,498 | 324,839 |
| c | 182,080 | | | 182,080 |
| d | | | | |
| e | | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|-----------------------------------|--|--|
| (l) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | |
| a | | | 2,433,370 |
| b | | | 324,839 |
| c | | | 182,080 |
| 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 | 2,940,289 |
| 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 | 324,839 |

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)) |
| 2009 | 4,475,578 | 39,281,913 | 0.113935 |
| 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 |
| 2 Total of line 1, column (d) | | | 0.366592 |
| 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 | | | 0.073318 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | | | 37,416,720 |
| 5 Multiply line 4 by line 3 | | | 2,743,319 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 34,522 |
| 7 Add lines 5 and 6 | | | 2,777,841 |
| 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. | | | 3,109,898 |

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 34,522 |
| 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 | 34,522 |
| 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 | 34,522 |
| 6 | Credits/Payments: | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 36,705 |
| 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 | 36,705 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 2,183 |
| 11 | Enter the amount of line 10 to be credited to 2011 estimated tax 2,183 Refunded | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|----|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | | X |
| 2 | | X |
| 3 | | X |
| 4a | | X |
| 4b | N/A | |
| 5 | | X |
| 6 | X | |
| 7 | X | |
| 8a | | |
| 8b | X | |
| 9 | | X |
| 10 | | X |

Part VII-A Statements Regarding Activities (continued)

| | | | |
|---|----|----------|--------------------------|
| <p>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)</p> | 11 | | X |
| <p>12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?</p> | 12 | | X |
| <p>13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.FFSH.ORG</p> | 13 | X | |
| <p>14 The books are in care of ► NANCY CUTTER, ADMIN EXEC. Telephone no. ► 603-422-8204 100 CAMPUS DRIVE, STE 1</p> <p>Located at ► PORTSMOUTH NH ZIP+4 ► 03801</p> | | | |
| <p>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</p> | 15 | | <input type="checkbox"/> |
| <p>16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►</p> | 16 | Yes | No X |

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

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | | Yes | No |
|---|---|----|-----|----------|
| <p>1a During the year did the foundation (either directly or indirectly)</p> <p>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | |
| <p>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 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here</p> | N/A | 1b | | |
| <p>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 2010?</p> | N/A | 1c | | |
| <p>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))</p> | | | | |
| <p>a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ► 20 , 20 , 20 , 20</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <p>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 22 of the instructions.)</p> | N/A | 2b | | |
| <p>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</p> | | | | |
| <p>3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <p>b If "Yes," did it have excess business holdings in 2010 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 2010.)</p> | N/A | 3b | | |
| <p>4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?</p> | | 4a | | X |
| <p>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 2010?</p> | | 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**

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? **6b**
If "Yes" to 6b, file Form 8870.

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 | 62,509 | 21,812 |
| DEBRA S. GRABOWSKI 100 CAMPUS DRIVE, SUITE 1 | PORTSMOUTH NH 03801 | EXEC. DIR. 30.00 | 84,355 | 4,166 |
| | | | | |

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 |
|---|---|-----------------------|---|---------------------------------------|
| NOREEN M. HODGDON 100 CAMPUS DRIVE, SUITE 1 | PORTSMOUTH NH 03801 | ADMIN. COORD 40.00 | 30,943 | 20,603 |
| ELIGIO SANTANA 100 CAMPUS DRIVE, SUITE 1 | PORTSMOUTH NH 03801 | FACILITY SUP 40.00 | 48,911 | 15,681 |
| | | | | |

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 | 828,737 |
| SMITH LEE LLC ONE POST OFFICE SQUARE | SHARON MA 02067 LEGAL RE: HCA | 169,313 |
| WHALEBACK ASSOCIATES, LLC PO BOX 2074 | NEW CASTLE NH 03854 CONSULTANT | 117,800 |
| DEVINE, MILLIMET & BRANCH, PA 300 BRICKSTONE SQUARE, PO BOX 39 | ANDOVER MA 01810 LEGAL RE: HCA | 84,281 |
| | | |

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
|---|----------|
| 1 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 | 37,365,713 |
| b | Average of monthly cash balances | 1b | 620,805 |
| c | Fair market value of all other assets (see page 25 of the instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 37,986,518 |
| 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 | 37,986,518 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) | 4 | 569,798 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 37,416,720 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,870,836 |

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 | 1,870,836 |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 34,522 |
| b | Income tax for 2010. (This does not include the tax from Part VI) | 2b | |
| c | Add lines 2a and 2b | 2c | 34,522 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,836,314 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 1,836,314 |
| 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 | 1,836,314 |

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 | 3,041,927 |
| 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 | 67,971 |
| 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 | 3,109,898 |
| 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 | 34,522 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 3,075,376 |

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 2009 | (c) 2009 | (d) 2010 |
|---|------------------|----------------------------|-------------|------------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 1,836,314 |
| 2 Undistributed income, if any, as of the end of 2010. | | | | |
| a Enter amount for 2009 only | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2010. | | | | |
| a From 2005 | | | | 241,810 |
| b From 2006 | | | | 473,937 |
| c From 2007 | | | | 1,279,744 |
| d From 2008 | | | | 1,254,565 |
| e From 2009 | | | | 2,523,780 |
| f Total of lines 3a through e | 5,773,836 | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 3,109,898 | | | | |
| a Applied to 2009, 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 2010 distributable amount | | | | 1,836,314 |
| e Remaining amount distributed out of corpus | 1,273,584 | | | |
| 5 Excess distributions carryover applied to 2010 (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 | 7,047,420 | | | |
| 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 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions | | | | |
| f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 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 2005 not applied on line 5 or line 7 (see page 27 of the instructions) | 241,810 | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 6,805,610 | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2006 | | | | 473,937 |
| b Excess from 2007 | | | | 1,279,744 |
| c Excess from 2008 | | | | 1,254,565 |
| d Excess from 2009 | | | | 2,523,780 |
| e Excess from 2010 | | | | 1,273,584 |

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 2010, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| 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 2009 GRANTS PAID 2010 2010 GRANTS PAID 2010 GIFTS/CONTRIBUTIONS 2009 SCHOLARSHIPS PAID 2010 SCHOLARSHIPS PAID | | | (SEE SCHEDULE) (SEE SCHEDULE) (SEE SCHEDULE) (SEE SCHEDULE) (SEE SCHEDULE) | 282,400 526,000 2,900 2,500 10,000 |
| Total | | | ▶ 3a | 823,800 |
| b Approved for future payment 2010 GRANTS ACCRUED | | | (SEE SCHEDULE) | 3,500 |
| Total | | | ▶ 3b | 3,500 |

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

Schedule of Contributors

OMB No 1545-0047

2010

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

Name of the organization

Employer identification number

FOUNDATION FOR SEACOAST HEALTH

02-0386319

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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 on line H 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)

| | |
|---|---|
| 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 | SABIN SANGER ESTATE STEPHEN SANGER, PERSONAL REP. 52 MENDUM AVENUE PORTSMOUTH NH 03801 | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

| | | |
|---|--|-------------|
| Forms 990 / 990-PF | Mortgages and Other Notes Payable | 2010 |
| For calendar year 2010, or tax year beginning _____, and ending _____ | | |

| | |
|---|---|
| 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 | 06/01/28 | | |
| (2) | 8,340,000 | 09/30/98 | 06/01/28 | | |
| (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 | 5,340,000 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Totals | | 14,795,000 | 11,795,000 |

Federal Statements

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

| Description | Revenue per Books | Net Investment Income | Adjusted Net Income |
|-----------------------|----------------------|--------------------------|------------------------|
| COMMUNITY CAMPUS RENT | \$ 414,542 | \$ | \$ 414,542 |
| TOTAL | <u>\$ 414,542</u> | <u>\$ 0</u> | <u>\$ 414,542</u> |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-----------------------|------------------|-------------------|-----------------|-----------------------|
| COMMUNITY CAMPUS RENT | \$ 1,195 | \$ | \$ 346 | \$ 849 |
| INDIRECT LEGAL FEES | 18,621 | | | 18,621 |
| TOTAL | <u>\$ 19,816</u> | <u>\$ 0</u> | <u>\$ 346</u> | <u>\$ 19,470</u> |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|--------------------------|------------------|-------------------|-----------------|-----------------------|
| INDIRECT ACCOUNTING FEES | \$ 26,750 | \$ | \$ | \$ 21,250 |
| TOTAL | <u>\$ 26,750</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 21,250</u> |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|------------------------|------------------|-------------------|-----------------|-----------------------|
| INVESTMENT CONSULTANTS | \$ 55,438 | \$ 55,438 | \$ | \$ |
| BENEFITS ADMINISTRATOR | 453 | | | 325 |
| TOTAL | <u>\$ 55,891</u> | <u>\$ 55,438</u> | <u>\$ 0</u> | <u>\$ 325</u> |

Federal Statements

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|--------------------|------------------|----------------|--------------|--------------------|
| FEDERAL EXCISE TAX | \$ 34,522 | \$ | \$ | \$ |
| TOTAL | \$ 34,522 | \$ 0 | \$ 0 | \$ 0 |

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

| Date Acquired | Description | Cost Basis | Prior Year Depreciation | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|---------------|--------------|-------------|-------------------------|--------|------|---------------------------|-----------------------|---------------------|
| | DEPRECIATION | \$ | \$ | | | 450 | \$ | \$ |
| TOTAL | | \$ 0 | \$ 0 | | | 450 | \$ 0 | \$ 0 |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------------------------|-------------------|----------------|-------------------|--------------------|
| COMMUNITY CAMPUS RENT | 184,366 | \$ | 53,332 | 131,034 |
| WAGES | 97,041 | \$ | 28,071 | 68,970 |
| PAYROLL RELATED EXPENSES | 2,925 | \$ | 846 | 2,079 |
| CONSULTANTS | 1,520 | \$ | 440 | 1,080 |
| MEETING EXPENSE | 2,564 | \$ | 742 | 1,822 |
| OFFICE EXPENSE | 2,098 | \$ | 607 | 1,491 |
| ENVIRONMENTAL SERVICES | 105,659 | \$ | 30,564 | 75,095 |
| FINANCING COSTS | 5,576 | \$ | 1,613 | 3,963 |
| COMMUNICATIONS | 1,357 | \$ | 393 | 964 |
| COLLABORATIVE PROJECTS & TECH | 11,883 | \$ | 3,437 | 8,446 |
| SECURITY | 27,000 | \$ | 7,810 | 19,190 |
| FOOD SERVICE | 66 | \$ | 19 | 47 |
| MISCELLANEOUS | 55,743 | \$ | 16,126 | 39,617 |
| TOTAL | \$ 618,000 | \$ 0 | \$ 161,226 | \$ 456,774 |

Federal Statements

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------------------------|--------------|----------------|--------------|--------------------|
| EXPENSES | \$ | \$ | \$ | \$ |
| ===== | | | | |
| ADJUST COMMUNITY CAMPUS | | | | 27,180 |
| EXPENSES FROM ACCRUAL TO CASH | | | | |
| ===== | | | | |
| OFFICE | 9,016 | | | 9,117 |
| POSTAGE | 1,257 | | | 1,482 |
| EQUIPMENT MAINTENANCE | 2,589 | | | 2,589 |
| DUES & SUBSCRIPTIONS | 687 | | | 523 |
| INSURANCE | 12,475 | | | 12,475 |
| TRUST MANAGEMENT FEES | 33,395 | 33,395 | | |
| STATE FILING FEES | 75 | | | 75 |
| HCA COMPLIANCE | 1,557,727 | | | 1,284,562 |
| TOTAL | \$ 2,115,019 | \$ 33,395 | \$ 144,000 | \$ 1,691,801 |

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

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> | <u>Basis of Valuation</u> | <u>Fair Market Value</u> |
|-----------------------|------------------------------|------------------------|-------------------------------|------------------------------|
| SEE ATTACHED SCHEDULE | \$ 8,334,694 | \$ 8,642,833 | MARKET | \$ 8,642,833 |
| TOTAL | <u>\$ 8,334,694</u> | <u>\$ 8,642,833</u> | | <u>\$ 8,642,833</u> |

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

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> | <u>Basis of Valuation</u> | <u>Fair Market Value</u> |
|-----------------------|------------------------------|------------------------|-------------------------------|------------------------------|
| SEE ATTACHED SCHEDULE | \$ 18,087,283 | \$ 18,123,496 | MARKET | \$ 18,123,496 |
| TOTAL | <u>\$ 18,087,283</u> | <u>\$ 18,123,496</u> | | <u>\$ 18,123,496</u> |

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

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> | <u>Basis of Valuation</u> | <u>Fair Market Value</u> |
|-----------------------|------------------------------|------------------------|-------------------------------|------------------------------|
| SEE ATTACHED SCHEDULE | \$ 10,940,334 | \$ 8,924,569 | MARKET | \$ 8,924,569 |
| TOTAL | <u>\$ 10,940,334</u> | <u>\$ 8,924,569</u> | | <u>\$ 8,924,569</u> |

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

| Investments/Govt Obligations | | BOOK VALUE | MARKET VALUE |
|---|--|-----------------------|-----------------------|
| Other US Government Investments: | | | |
| 422,741.468 | Vanguard Intermediate Treasury Fund | 4,951,763.13 | 4,789,660.83 |
| 150,868.147 | Vanguard Inflation-Protected Securities Fund | 3,446,537.20 | 3,853,172.47 |
| Other US Government Investments: | | \$8,398,300.33 | \$8,642,833.30 |

Part II, Line 10b, Investments/Corporate Stock

| Investments/Corporate Stock | | BOOK VALUE | MARKET VALUE |
|---------------------------------|---|------------------------|------------------------|
| Equity Funds: | | | |
| 76,079.380 | Dodge & Cox International Stock Fund | 2,475,804.35 | 2,716,794.66 |
| 119,179.120 | Artisan International Institutional Fund | 3,477,302.22 | 2,628,375.78 |
| 91,048.57 | Vanguard Total Stock Market Index Fund (Signal) | 2,351,098.08 | 2,774,249.90 |
| 79,114.09 | Thornburg Value Fund | 2,511,705.38 | 2,725,480.40 |
| 15,793.24 | T. Rowe Price Balanced Fund (Perm Restricted) | 286,336.15 | 304,809.55 |
| 10,929.70 | T. Rowe Price Balanced Fund (Indigent) | 189,134.00 | 210,923.89 |
| | Total Equity Funds | 11,291,380.18 | 11,360,634.18 |
| Alternative Investments: | | | |
| 70.959 | TIFF Absolute Return Pool Fund-Class A Shares | 119,968.46 | 253,604.00 |
| 1,237.721 | TIFF Absolute Return Pool Fund-Class B Shares | 4,344,038.00 | 4,344,038.00 |
| | Total Alternative Investments | 4,464,006.46 | 4,597,642.00 |
| Real Asset Investments: | | | |
| 2,000.000 | Forester Diversified, Ltd. | 2,000,000.00 | 2,165,220.00 |
| | Total Real Asset Investments | 2,000,000.00 | 2,165,220.00 |
| | TOTAL EQUITIES | \$17,755,386.64 | \$18,123,496.18 |

Part II, Line 10c, Investments/Bonds:

| Investments/Bonds | | BOOK VALUE | MARKET VALUE |
|----------------------------|-------------------------------------|-----------------------|-----------------------|
| Fixed Income Funds: | | | |
| 248,980.991 | Vanguard Short Term Bond Index Fund | 2,593,190.91 | 2,626,749.46 |
| 179,847.087 | Loomis Sayles Corporate Bond Fund | 2,206,318.26 | 2,381,175.43 |
| 140,087.587 | Colchester Global Fixed Income Fund | 3,578,049.76 | 3,880,552.24 |
| 256,136.390 | TIFF Short Term Fund | 36,051.69 | 36,091.60 |
| Fixed Income Funds | | \$8,413,610.62 | \$8,924,568.73 |

Federal Statements

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) | \$ 206,893 | \$ 1,334,742 | \$ 1,129,747 | \$ 204,995 |
| 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 | 1,590,951 | 2,997,405 | 1,603,996 | 1,393,409 |
| FACILITY - PHASE I | 7,579,363 | 10,129,871 | 2,803,755 | 7,326,116 |
| TOTAL | \$ 12,383,787 | \$ 17,468,598 | \$ 5,537,498 | \$ 11,931,100 |

FOUNDATION FOR SEACOAST HEALTH

FIXED ASSETS - 2010

| FOUNDATION ASSETS | ASSET LIFE | DATE ACQUIRED | COST | DEPREC METHOD | PRIOR DEPREC | 2010 DEPREC | 12/31/10 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 | 1,057.46 | 342.96 | 314.24 |
| Dell 64 bit Windows7 Vostro 430 | 5 yrs | 11/10 | 1,307.00 | S | 0.00 | 43.56 | 1,263.44 |
| Dell 32-bit Windows7 Vostro 430 | 5 yrs | 11/10 | 1,898.24 | S | 0.00 | 63.28 | 1,834.96 |
| Total FSH Computer Eqpt | | | 4,919.90 | | 1,057.46 | 449.80 | 3,412.64 |
| 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 | 2,795.00 | 0.00 | 0.00 |
| Total FSH Other Equipment | | | 13,858.00 | | 13,858.00 | 0.00 | 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 | 1,025.00 | 300.00 | 175.00 |
| Server Upgrades | 5 yrs | 4/08-2/28/09 | 12,464.80 | S | 2,077.46 | 2,492.96 | 7,894.38 |
| Total Campus Computer Eqpt | | | 37,193.85 | | 26,331.51 | 2,792.96 | 8,069.38 |
| 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 | 2010 DEPREC | 12/31/10 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 | 2,789 99 | 0 00 | 0 00 |
| Lawnmower | 5 yrs | 9/05 | 1,999 99 | S | 1,733 16 | 266 83 | 0 00 |
| Floor Scrubber | 5 yrs | 12/06 | 4,296 00 | S | 2,649 20 | 859 20 | 787 60 |
| Utility Tractor | 5 yrs | 8/07 | 2,999 99 | S | 1,449 42 | 599 76 | 950 81 |
| Storage Container | 7 yrs | 10/07 | 7,680 60 | S | 2,468 88 | 1,097 28 | 4,114 44 |
| Total Other Campus Equipt | | | 164,703.67 | | 156,027.75 | 2,823.07 | 5,852.85 |
| 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 | 3,781 73 | 0 00 | 0 00 |
| Portrait | 7 yrs | 4/03 | 8,186 32 | S | 7,993 43 | 192 89 | 0 00 |
| 9x12 Oriental Carpet | 7 yrs | 11/03 | 14,000 00 | S | 13,248 32 | 751 68 | 0 00 |
| Condenser Modifications | 7 yrs | 5/05 | 11,240 60 | S | 7,493 73 | 1,605 80 | 2,141 07 |
| Carpet | 7 yrs | 6/05 | 2,268 00 | S | 1,485 00 | 324 00 | 459 00 |
| Handicapped Access Doors | 7 yrs | 12/30/05 | 3,333 15 | S | 1,904 64 | 476 16 | 952 35 |
| Countertops/Cabinets | 7 yrs | 12/30/05 | 11,832 37 | S | 6,761 36 | 1,690 34 | 3,380 67 |
| Carpet | 7 years | 12/30/05 | 13,303 00 | S | 7,601 72 | 1,900 43 | 3,800 85 |
| HVAC Improvements/Upgrades | 7 years | 5/06 | 50,415 00 | S | 26,407 86 | 7,202 14 | 16,805 00 |
| Countertops-New Heights | 7 yrs | 8/06 | 4,289 50 | S | 2,093 70 | 612 80 | 1,583 00 |
| Lightning Arrestor | 7 yrs | 10/06 | 3,950 00 | S | 1,833 79 | 564 24 | 1,551 97 |
| Carpet/Tile | 7 yrs | 6/06 | 6,578 00 | S | 3,367 30 | 939 71 | 2,270 99 |
| Snow Dams | 7 yrs | 7/06 | 8,140 00 | S | 4,166 91 | 1,162 86 | 2,810 23 |
| Water Heater-1 | 7 yrs | 12/06 | 32,370 00 | S | 14,258 32 | 4,624 32 | 13,487 36 |
| Carpeting-Stairs | 7 yrs | 7/1/07 | 5,126 00 | S | 1,830 60 | 732 24 | 2,563 16 |
| Water Heater-2 | 7 yrs | 7/1/07 | 32,745 00 | S | 11,694 60 | 4,677 84 | 16,372 56 |
| Poles/Bollards | 7 yrs | 8-9/07 | 5,248 85 | S | 1,749 58 | 749 83 | 2,749 44 |
| Gymnasium Lights | 7 yrs | 9/07 | 11,320 00 | S | 3,773 28 | 1,617 12 | 5,929 60 |
| Condenser Relocation | 7 yrs | 10/07 | 2,713 00 | S | 872 10 | 387 60 | 1,453 30 |
| Stone Wall Repair | 7 yrs | 12/07 | 5,600 00 | S | 1,666 75 | 800 04 | 3,133 21 |
| Lighting | 7 yrs | 12/07 | 5,797 15 | S | 1,728 50 | 829 68 | 3,238 97 |
| Ladder System | 7 yrs | 12/07 | 10,450 00 | S | 3,110 00 | 1,492 80 | 5,847 20 |
| Carpet-Upstairs Hallway | 7 yrs | 12/07-7/08 | 26,828 00 | S | 3,832 56 | 1,916 28 | 21,079 16 |
| Gutter Upgrade | 7 yrs | 2/26/09 | 5,590 00 | S | 665 48 | 798 57 | 4,125 95 |
| Stone Wall-Children's Playground | 7 yrs | 8/09 | 14,108 80 | S | 839 81 | 2,015 54 | 11,253 45 |
| Kitchen Wall Upgrade | 7 yrs | 8/09-9/09 | 3,949 51 | S | 188 08 | 564 24 | 3,197 19 |
| Compressor #1 | 7 yrs | 9/09 | 7,795 00 | S | 371 20 | 1,113 60 | 6,310 20 |
| Compressor #2 | 7 yrs | 9/10 | 7,395 00 | S | 0 00 | 352 16 | 7,042 84 |
| Gutters-Families First Entrance | 7 yrs | 9/10 | 4,260 00 | S | 0 00 | 202 84 | 4,057 16 |
| Sump Pump Replacement | 7 yrs | 9/10 | 5,048 95 | S | 0 00 | 180 33 | 4,868 62 |
| Masonry Work/Wall Caps | 7 yrs | 10/10 | 6,600 00 | S | 0 00 | 235 71 | 6,364 29 |
| Water Pumps/Control Board | 7 yrs | 10/10 | 10,604 15 | S | 0 00 | 378 72 | 10,225 43 |
| Re-Caulk Windows-FF Wing | 7 yrs | 10/10 | 7,480 00 | S | 0 00 | 267 14 | 7,212 86 |
| Total Campus Fixtures | | | 424,367.48 | | 206,740.75 | 41,359.65 | 176,267.08 |

| CAMPUS ASSETS | ASSET LIFE | DATE ACQUIRED | COST | DEPREC METHOD | PRIOR DEPREC | 2010 DEPREC | 12/31/10 VALUE |
|----------------------------------|------------|----------------|----------------------|---------------|---------------------|-------------------|---------------------|
| Kitchen Furnishings | | | | | | | |
| Kitchen Equipment | 7 yrs | 10/99 | 153,236.88 | MACRS | 153,236.88 | 0.00 | 0.00 |
| Ice Machine | | 10/99 | (4,555.00) | | (4,555.00) | | 10.00 |
| Heater/Installation | 7 yrs | 5/06 | 3,436.26 | S | 1,799.60 | 490.80 | 1,145.86 |
| Cash Register | 7 yrs | 6/06 | 2,125.50 | S | 1,088.05 | 303.64 | 733.81 |
| Dishwasher Heating Element | 7 yrs | 10/06 | 3,014.38 | S | 1,399.70 | 430.68 | 1,184.00 |
| Oven | 7 yrs | 9/08 | 6,270.00 | S | 1,194.27 | 895.71 | 4,180.02 |
| Drop-in Units-Display | 7 yrs | 10/09 | 1,135.00 | S | 40.53 | 162.12 | 932.35 |
| Ice Machine | 7 yrs | 9/10 | 3,377.77 | S | 0.00 | 160.84 | 3,216.93 |
| Total Kitchen Furnishings | | | 168,040.79 | | 154,204.03 | 2,443.79 | 11,392.97 |
| Facility | | | | | | | |
| Facility - Phase I | 40 yrs | As of 12/99 | 9,577,619.51 | S | 2,404,381.59 | 239,440.49 | 6,933,797.43 |
| Construction Period Interest | 40 yrs | As of 12/99 | 518,266.10 | S | 137,806.73 | 12,956.65 | 367,502.72 |
| Additional Facility Costs | 39 yrs | 3/00 | 33,985.00 | S | 8,319.29 | 849.63 | 24,816.08 |
| Total Facility | | | 10,129,870.61 | | 2,550,507.61 | 253,246.77 | 7,326,116.23 |
| Land Improvements | | | | | | | |
| Land Improvements | 15 yrs | As of 12/99 | 1,847,291.60 | S | 1,293,104.10 | 123,152.77 | 431,034.73 |
| Misc Land Improvements | 15 yrs | 6/00 | 19,230.47 | S | 12,179.29 | 1,282.03 | 5,769.15 |
| Misc Land Improvements | 15 yrs | 7/00 | 19,718.63 | S | 12,488.51 | 1,314.58 | 5,915.54 |
| Misc Land Improvements | 15 yrs | 8/00 | 32,782.89 | S | 20,762.53 | 2,185.53 | 9,834.83 |
| Misc Land Improvements | 15 yrs | 9/00 | 17,871.61 | S | 11,318.68 | 1,191.44 | 5,361.49 |
| Misc Land Improvements | 15 yrs | 10/00 | 10,400.00 | S | 6,586.64 | 693.33 | 3,120.03 |
| Misc Land Improvements | 15 yrs | 11/00 | 20,152.94 | S | 12,763.53 | 1,343.53 | 6,045.88 |
| Improvements - Quarry Rd | 15 yrs | 5/31-12/31/01 | 8,299.06 | S | 4,610.58 | 553.27 | 3,135.21 |
| Improvements-Walking Trails | 15 yrs | 7/31-12/31/01 | 25,142.96 | S | 13,688.97 | 1,676.20 | 9,777.79 |
| Improvements-Jap Garden | 15 yrs | 3/1-5/31/02 | 5,961.25 | S | 3,013.77 | 397.42 | 2,550.06 |
| Improvements-Site B | 15 yrs | 5/1/05-9/30/09 | 956,271.24 | S | 15,937.86 | 63,751.44 | 876,581.94 |
| Improvements-Quarry Road | Ongoing | 1/1/08- | 34,282.30 | S | | | 34,282.30 |
| Total Land Improvements | | | 2,997,404.95 | | 1,406,454.46 | 197,541.54 | 1,393,408.95 |



New Equipment



Retired/Disposed Equipment

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

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> | <u>Fair Market Value</u> |
|--------------------------|------------------------------|------------------------|------------------------------|
| DEFERRED FINANCING COSTS | \$ 169,497 | \$ 124,336 | \$ 124,336 |
| PREPAID FEDERAL TAXES | 36,705 | 2,183 | 2,183 |
| TOTAL | <u>\$ 206,202</u> | <u>\$ 126,519</u> | <u>\$ 126,519</u> |

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

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|--------------------------------|------------------------------|------------------------|
| PENSION LIABILITY | \$ 15,588 | \$ |
| SCHOLARSHIPS PAYABLE | 2,500 | |
| SALARIES/PAYROLL TAXES PAYABLE | 5,298 | 6,508 |
| TOTAL | <u>\$ 23,386</u> | <u>\$ 6,508</u> |

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

| <u>Description</u> | <u>Amount</u> |
|---------------------------------|---------------------|
| SFAS 124 FMV - 2010 GAIN (LOSS) | \$ 1,123,601 |
| TOTAL | <u>\$ 1,123,601</u> |

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

| <u>Description</u> | <u>Amount</u> |
|---|---------------------|
| SFAS 124 FMV - 2009 GAIN(LOSS) - REVERSAL | \$ 1,371,675 |
| TOTAL | <u>\$ 1,371,675</u> |

**FOUNDATION FOR SEACOAST HEALTH
GAIN/LOSS ON SALE OF SECURITIES
Restricted Funds 1/1-12/31/10**

| 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 | 0 706 | Baron Growth Fund #587 | 10/28/08 | 1/20/10 | 20 33 | 29 78 | | 9 45 | |
| BankNorth Indigent | 3 868 | Columbia Value/Restructuring Fund #2051 | 11/3/08 | 1/20/10 | 125 21 | 172 48 | | 47 27 | |
| BankNorth Indigent | 17 767 | T Rowe Price Growth Stock Fund #40 | 11/3/08 | 1/20/10 | 367 95 | 496 58 | | 128 63 | |
| BankNorth Indigent | 0 17 | T Rowe Price MidCap Growth Fund #64 | 7/2/09 | 1/20/10 | 6 49 | 8 27 | 1 78 | | |
| BankNorth Indigent | 8 431 | Vanguard Selected Value Fund #934 | 1/20/09 | 1/20/10 | 97 88 | 139 87 | | 41 99 | |
| | | JANUARY - Total Restricted Funds | | | 617.86 | 846.98 | 1.78 | 227.34 | 229.12 |
| BankNorth Indigent | 47 292 | Federated Total Return Bond Fund #328 | 8/3/06 | 2/11/10 | 516 98 | 517 37 | 0 39 | | |
| BankNorth Indigent | 20 529 | Artio Total Return Bond Fund #1524 | 10/19/09-1/20/10 | 2/11/10 | 277 94 | 277 35 | (0 59) | | |
| BankNorth Indigent | 103 306 | Pimco Total Return Instl #35 | 11/25/05 | 2/11/10 | 1,162 16 | 1,160 86 | | (1 30) | |
| Bank North Indigent | 14 218 | TD Asset Mgmt Short Term Bond #4 | 1/20/09 | 2/11/10 | 145 16 | 145 02 | | (0 14) | |
| Bank North Indigent | 76 873 | Vanguard GNMA Fund #36 | 11/28/08 | 2/11/10 | 827 15 | 826 39 | | (0 76) | |
| Bank North Indigent | 0 569 | Fidelity Advisory Emerging Market Inst | 1/20/10 | 2/11/10 | 12 41 | 11 08 | (1 33) | | |
| Bank North Indigent | 76 105 | Fidelity Advisory Emerging Market Inst | 10/28/08 | 2/11/10 | 767 90 | 1,482 35 | | 714 45 | |
| Bank North Indigent | 274 678 | Mfs Research Int Fund #899 | 11/3/08-1/20/09 | 2/11/10 | 3,128 58 | 3,664 20 | | 535 62 | |
| Bank North Indigent | 24 036 | Mfs Research Int Fund #899 | 1/20/10 | 2/11/10 | 354 05 | 320 64 | (33 41) | | |
| | | FEBRUARY - Total Restricted Funds | | | 7,192.33 | 8,405.26 | (34.94) | 1,247.87 | 1,212.93 |
| BankNorth Indigent | 1,298 512 | Federated Total Return Bond Fund #328 | 8/3/06-4/17/09 | 6/18/10 | 13,677 08 | 14,387 51 | 710 43 | | |
| BankNorth Indigent | 270 092 | Federated Total Return Bond Fund #328 | 7/17/09-6/14/10 | 6/18/10 | 2,911 65 | 2,992 62 | | 80 97 | |
| BankNorth Indigent | 550 494 | Artio Total Return Bond Fund #1524 | 9/11/07-4/17/09 | 6/18/10 | 7,202 67 | 7,541 77 | | 339 10 | |
| BankNorth Indigent | 85 461 | Artio Total Return Bond Fund #1524 | 7/17/09-6/14/10 | 6/18/10 | 1,137 35 | 1,170 82 | 33 47 | | |
| BankNorth Indigent | 2,603 763 | Pimco Total Return Inst #35 | 11/25/05-4/17/09 | 6/18/10 | 26,835 37 | 29,058 00 | | 2,222 63 | |
| BankNorth Indigent | 513 704 | Pimco Total Return Inst #35 | 7/17/09-6/14/10 | 6/18/10 | 5,552 77 | 5,732 93 | 180 16 | | |
| BankNorth Indigent | 192 464 | TD Asset Mgt Short Term Bond Fund #4 | 1/20/09-4/17/09 | 6/18/10 | 1,943 93 | 1,966 98 | | 23 05 | |
| BankNorth Indigent | 218 915 | TD Asset Mgt Short Term Bond Fund #4 | 7/17/09-6/14/10 | 6/18/10 | 2,343 84 | 2,358 90 | 15 06 | | |
| BankNorth Indigent | 1,539 453 | Vanguard GNMA Fund #36 | 11/28/08-4/17/09 | 6/18/10 | 16,035 31 | 16,872 40 | | 837 09 | |
| BankNorth Indigent | 441 110 | Vanguard GNMA Fund #36 | 7/17/09-6/14/10 | 6/18/10 | 4,729 27 | 4,834 57 | 105 30 | | |
| BankNorth Indigent | 220 079 | Baron Growth Fund #587 | 10/28/08 | 6/18/10 | 6,338 27 | 9,730 81 | | 3,392 54 | |
| BankNorth Indigent | 6 130 | Baron Growth Fund #587 | 2/11/10 | 6/18/10 | 243 75 | 272 77 | 29 02 | | |
| BankNorth Indigent | 419 816 | Columbia Value/Restructuring Fund #2051 | 11/3/08-1/20/09 | 6/18/10 | 13,303 31 | 17,581 89 | | 4,278 58 | |
| BankNorth Indigent | 76 786 | Columbia Value/Restructuring Fund #2051 | 2/11-6/14/10 | 6/18/10 | 3,095 36 | 3,215 80 | 120 44 | | |
| BankNorth Indigent | 290 403 | Davis NY Venture Fund #909 | 11/3/08-1/20/09 | 6/18/10 | 7,470 37 | 9,011 21 | | 1,540 84 | |
| BankNorth Indigent | 13 552 | Davis NY Venture Fund #909 | 1/20-6/14/10 | 6/18/10 | 410 80 | 420 51 | 9 71 | | |
| BankNorth Indigent | 137 631 | Fidelity Advisory Emerging Market Inst | 10/28/08 | 6/18/10 | 1,388 70 | 2,781 52 | | 1,392 82 | |

| 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 | 3 250 | Fidelity Advisory Emerging Market Inst | 6/14/10 | 6/18/10 | 63 76 | 65 69 | 1 93 | | |
| BankNorth Indigent | 224 495 | Hartford Mutual Funds Midcap Fund | 6/14/10 | 6/18/10 | 4,597 65 | 4,674 00 | 76 35 | | |
| BankNorth Indigent | 333 070 | Mfs Research Int Fund #899 | 11/3/08 | 6/18/10 | 3,676 20 | 4,413 18 | | 736 98 | |
| BankNorth Indigent | 25 539 | Mfs Research Int Fund #899 | 6/14/10 | 6/18/10 | 327 67 | 338 39 | 10 72 | | |
| BankNorth Indigent | 835 507 | T Rowe Price Growth Stock Fund #40 | 11/3/08-1/20/09 | 6/18/10 | 17,109 20 | 23,126 83 | | 6,017 63 | |
| BankNorth Indigent | 205 847 | T Rowe Price Growth Stock Fund #40 | 2/11/10 | 6/18/10 | 5,304 67 | 5,688 30 | 383 63 | | |
| BankNorth Indigent | 97 609 | T Rowe Price MidCap Growth Fund #64 | 7/2/09-2/11/10 | 6/18/10 | 3,738 33 | 4,884 35 | 1,146 02 | | |
| BankNorth Indigent | 864 356 | Vanguard Selected Value Fund #934 | 1/20/09-2/11/10 | 6/18/10 | 10,100 92 | 14,620 91 | 4,519 99 | | |
| JUNE - Total Restricted Funds | | | | | 159,538.20 | 187,742.66 | 7,342.23 | 20,862.23 | 28,204.46 |
| TOTAL RESTRICTED FUNDS | | | | | 167,348.39 | 196,994.90 | 7,309.07 | 22,337.44 | 29,646.51 |

**FOUNDATION FOR SEACOAST HEALTH
GAIN/LOSS ON SALE OF SECURITIES**

Unrestricted Funds 1/1-12/31/10

| 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 | 225011.028 | Vanguard Intern. Term Invest Grade Fund | 3/7/09-12/31/09 | 1/26/10 | 1,894,657.19 | 2,205,108.07 | 310,450.88 | | | |
| Vanguard | 88,090.204 | Vanguard Total Stock Market Index Fund-In | 11/6/07 | 1/19/10 | 3,043,955.26 | 2,500,000.00 | | (543,955.26) | | |
| | | JANUARY - Total Unrestricted Funds | | | 4,938,612.45 | 4,705,108.07 | 310,450.88 | (543,955.26) | | (233,504.38) |
| TIFF | 75,757.576 | TIFF Short Term Fund | 12/31/09 | 3/1/10 | 749,242.43 | 750,000.00 | 757.57 | | | |
| | | MARCH - Total Unrestricted Funds | | | 749,242.43 | 750,000.00 | 757.57 | 0.00 | | 757.57 |
| TIFF | 75,757.576 | TIFF Short Term Fund | 12/31/09 | 5/13/10 | 749,166.65 | 750,000.00 | 833.35 | | | |
| | | MAY - Total Unrestricted Funds | | | 749,166.65 | 750,000.00 | 833.35 | 0.00 | | 833.35 |
| Vanguard | 83,161.530 | Vanguard Total Stock Market Index Fund | 10/12/06-3/24/09 | 6/1/10 | 2,902,278.44 | 2,222,907.69 | 4,376.73 | (679,370.75) | | |
| Vanguard | 3,345.622 | Vanguard Total Stock Market Index Fund | 6/23/09-6/11/10 | 6/1/10 | 85,051.75 | 89,428.48 | 4,376.73 | | | |
| | | JUNE - Total Unrestricted Funds | | | 2,987,330.19 | 2,312,336.17 | 4,376.73 | (679,370.75) | | (674,994.02) |
| TIFF | 50,505.050 | TIFF Short Term Fund | 12/31/09 | 9/13&9/27/10 | 499,444.42 | 500,000.00 | 555.58 | | | |
| | | SEPTEMBER - Total Unrestricted Funds | | | 499,444.42 | 500,000.00 | 555.58 | 0.00 | | 555.58 |
| TIFF | 25252.525 | TIFF Short Term Fund | 12/31/09 | 10/19/10 | 249,722.22 | 250,000.00 | 277.78 | | | |
| | | OCTOBER - Total Unrestricted Funds | | | 249,722.22 | 250,000.00 | 277.78 | 0.00 | | 277.78 |
| TIFF | 25,252.525 | TIFF Short Term Fund | 12/31/09 | 11/15/10 | 249,722.22 | 250,000.00 | 277.78 | | | |
| | | NOVEMBER - Total Unrestricted Funds | | | 249,722.22 | 250,000.00 | 277.78 | 0.00 | | 277.78 |
| Vanguard | 9735.202 | Vanguard Inflation Protected Securities Fund | 3/17/09 | 12/13/10 | 222,081.78 | 250,000.00 | | 27,918.22 | | |
| TIFF | 1914.975 | TIFF Absolute Return Pool-Class A Shares | 8/31-00-12/31/03 | 12/31/10 | 3,237,596.72 | 6,844,038.00 | | 3,606,441.28 | | |
| | | DECEMBER - Total Unrestricted Funds | | | 3,459,678.50 | 7,094,038.00 | 0.00 | 3,634,359.50 | | 3,634,359.50 |
| | | TOTAL UNRESTRICTED FUNDS | | | 13,882,919.08 | 16,611,482.24 | 317,529.67 | 2,411,033.49 | | 2,728,563.16 |
| | | TOTAL GAINS/LOSSES ON SALE OF SECURITIES | | | 14,050,267.47 | 16,808,477.14 | 324,838.74 | 2,433,370.94 | | 2,758,209.67 |

CAPITAL GAIN DISTRIBUTIONS

1/1 - 12/31/10

| ACCOUNT | SHARES REINVESTED | FUND | DATE | ST Cap Gain Distribution | LT Cap Gain Distribution | TOTAL DIST |
|--|----------------------|---------------------------------|------------|-----------------------------|-----------------------------|-------------------|
| Colchester | | Colchester Global Bond Fund | 1/31/10 | (35,164.00) | | (35,164.00) |
| Colchester | | Colchester Global Bond Fund | 2/28/10 | (3,621.00) | | (3,621.00) |
| Colchester | | Colchester Global Bond Fund | 3/31/10 | | 10,929.00 | |
| Vanguard | | Vanguard Short Term Bond Fund | 3/31/10 | 729.85 | 973.13 | |
| Vanguard | | Vanguard Intermed Treasury Fund | 3/31/10 | | 19,788.14 | |
| | | Totals - March | | 729.85 | 31,690.27 | 32,420.12 |
| Colchester | | Colchester Global Bond Fund | 4/30/10 | (351.00) | | (351.00) |
| Colchester | | Colchester Global Bond Fund | 5/31/10 | 88,921.00 | | 88,921.00 |
| Colchester | | Colchester Global Bond Fund | 6/30/10 | (1,423.00) | | (1,423.00) |
| Colchester | | Colchester Global Bond Fund | 7/31/10 | 16,514.00 | | 16,514.00 |
| Colchester | | Colchester Global Bond Fund | 8/31/10 | (23.00) | | (23.00) |
| Colchester | | Colchester Global Bond Fund | 9/30/10 | (44,631.00) | | (44,631.00) |
| Colchester | | Colchester Global Bond Fund | 10/31/10 | 21,911.00 | | 21,911.00 |
| Colchester | | Colchester Global Bond Fund | 11/28/10 | 4,580.00 | | 4,580.00 |
| Colchester | | Colchester Global Bond Fund | 12/31/2010 | 4,363.00 | | |
| Vanguard | | Vanguard Short Term Bond Fund | 12/31/10 | 3,466.31 | 6,437.43 | |
| Vanguard | | Vanguard Intermed Treasury Fund | 12/31/10 | 36,845.41 | 51,749.16 | |
| | | Totals - December | | 44,674.72 | 58,186.59 | 102,861.31 |
| Total Unrestricted Capital Gain Distributions | | | | 92,117.57 | 89,876.86 | 181,994.43 |
| BankNorth | | Vanguard GNMA Fund #36 | 3/31/10 | 66.30 | 19.50 | |
| | | Totals - March | | 66.30 | 19.50 | 85.80 |
| Total Restricted Capital Gain Distributions | | | | 66.30 | 19.50 | 85.80 |
| TOTAL CAPITAL GAIN DISTRIBUTIONS | | | | 92,183.87 | 89,896.36 | 182,080.23 |

FOUNDATION FOR SEACOAST HEALTH

02-0386319

Form 990PF - 12/31/10

Part VIII, Line 1:

BOARD OF TRUSTEES/OFFICERS - 2010

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
P.O. Box 853
New Castle, NH 03854

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

John J. Hebert
P.O. Box 4117
Portsmouth, NH 03801

Anne C. Hodsdon
P.O. Box 675
Rye Beach, NH 03871

John E. Lyons, Jr.
76 Fells Road
Portsmouth, NH 03801

OFFICERS - 2010

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 SEACOAST HEALTH
PROGRAM EXPENDITURES 2010**

| PROGRAM | 2010 CARRYOVER AMOUNT | 2010 AMOUNT AWARDED | 2011 CARRYOVER AMOUNT | 2010 PAYOUT |
|--|-----------------------------|---------------------------|-----------------------------|---------------------|
| <u>Scholarships:</u> | | | | |
| Graduate | | \$5,000 00 | | |
| Undergraduate | 2,500 00 | 5,000 00 | 0 00 | |
| TOTAL SCHOLARSHIPS | \$2,500.00 | \$10,000.00 | \$0.00 | \$12,500.00 |
| <u>Gifts/Contributions:</u> | | | | |
| NH Center for Nonprofits | | 1,500 00 | | |
| NH Public Health Association | | 100 00 | | |
| Cystic Fibrosis Foundation | | 100 00 | | |
| Friends Forever | | 1,000 00 | | |
| Seacoast Hospice | | 100 00 | | |
| Mark Wentworth Home | | 100 00 | | |
| Total Gifts/Contributions | \$0.00 | \$2,900.00 | \$0.00 | \$2,900.00 |
| <u>Medical Financial Assistance Grants:</u> | | | | |
| MF-080-Lamprey Health Care | 9,000 00 | | | |
| MF081-Families First/Greater Seacoast | | 291,000 00 | | |
| MF-082-Lamprey Health Care | | 22,500 00 | | |
| Total Medical Financial Asst Grants | \$9,000.00 | \$313,500.00 | \$0.00 | \$322,500.00 |
| <u>Infants/Children/Adolescent Grants:</u> | | | | |
| 525ICA-Seacoast Mental Health Center (1/2 paid to SMHC and the balance paid to New Heights as successor to SMHC) | 191,250 00 | | | 0 00 |
| Technical Assistance (Paid to SMHC with remaining balance to New Heights as successor to SMHC) | 9,650 35 | | | 0 00 |
| 525ICA(2)-Seacoast Mental Health Center Challenge Grant (Paid to New Heights - successor to Seacoast Mental Health Center) | 50,000 00 | | | 0 00 |
| 526ICA-Community Child Care Center | 22,500 00 | | | 0 00 |
| 528ICA-Community Child Care Center | | 22,500 00 | | 0 00 |
| 527ICA-New Heights Adventures for Teens | | 190,000 00 | | 0 00 |
| Total Inf/Child/Adol Grants | \$273,400.35 | \$212,500.00 | \$0.00 | \$485,900.35 |
| <u>Miscellaneous Grants:</u> | | | | |
| Rockingham Community Action | | 3,500 00 | 3,500 00 | |
| Total Miscellaneous Grants | | \$3,500.00 | \$3,500.00 | \$0.00 |
| TOTAL GRANTS/CONTRIBUTIONS | \$282,400.35 | \$532,400.00 | \$3,500.00 | \$811,300.35 |
| TOTAL SCHOLARSHIPS/GRANTS/CONTRIBUTIONS | \$284,900.35 | \$542,400.00 | \$3,500.00 | \$823,800.35 |

FOUNDATION FOR SEACOAST HEALTH
Grants/Gifts/Donations
Year Ended December 31, 2010

| No. | Name | Project | Balance 2010 | Awarded 2010 | Paid 2010 | Balance 2011 |
|---------------|----------------------------------|--|-------------------|-------------------|-------------------|-----------------|
| | NH Center for Nonprofits | Membership Fee | | 500 00 | 500 00 | 0 00 |
| | NH Center for Nonprofits | Nonprofit Resource Platform Initiative | | 1,000 00 | 1,000 00 | 0 00 |
| | NH Public Health Association | 2010 Fall Forum | | 100 00 | 100 00 | 0 00 |
| | Cystic Fibrosis Foundation | Misc Donation | | 100 00 | 100 00 | 0 00 |
| | Friends Forever | Misc Donation | | 1,000 00 | 1,000 00 | 0 00 |
| | Seacoast Hospice | Misc Donation | | 100 00 | 100 00 | 0 00 |
| | Mark Wentworth Home | Misc Donation | | 100 00 | 100 00 | 0 00 |
| | Rockingham Community Action | Seniors Count of the Seacoast | | 3,500 00 | | 3,500 00 |
| MF-080 | Lamprey Health Care | Medical Financial Assistance | 9,000 00 | | 9,000 00 | 0 00 |
| MF082 | Lamprey Health Care | Medical Financial Assistance | | 22,500 00 | 22,500 00 | 0 00 |
| MF081 | Families First/Greater Seacoast | Comprehensive Health/Support Services | | 291,000 00 | 291,000 00 | 0 00 |
| 526ICA | Community Child Care Center | Wage Solutions | 22,500 00 | | 22,500 00 | 0 00 |
| 528ICA | Community Child Care Center | Staff Incentives/Training Program | | 22,500 00 | 22,500 00 | 0 00 |
| | Seacoast Mental Health Center | Technical Assistance | 9,650 35 | | 5,338 80 | |
| | New Heights Adventures for Teens | (Successor to SMHC) | | | 4,311 55 | 0 00 |
| 525ICA(2) | Seacoast Mental Health Center | New Heights Program | 191,250 00 | | 95,625 00 | |
| 525ICA(2) | New Heights Adventures for Teens | (Successor to SMHC) | | | 95,625 00 | 0 00 |
| | New Heights Adventures for Teens | Challenge Grant (successor to SMHC) | 50,000 00 | | 50,000 00 | 0 00 |
| 527ICA | New Heights Adventures for Teens | New Heights Program | | 190,000 00 | 190,000 00 | 0 00 |
| TOTALS | | | 282,400.35 | 532,400.00 | 811,300.35 | 3,500.00 |

FOUNDATION FOR SEACOAST HEALTH

02-0386319

Form 990PF - 12/31/10

Part XV, Line 3a Approved for Future Payment:

| NAME/ORGANIZATION | ADDRESS | PURPOSE OF GRANT | AMOUNT |
|-----------------------------|--|-------------------------|-------------------|
| Rockingham Community Action | 4 Cutts Street Portsmouth, NH 03801 | Seniors Count Program | 3,500.00 |
| | | | \$3,500.00 |

Schedule of Appropriations and Payments, by Program Area Fiscal Year 2010

12/31/2010

| Recipient and/or Purpose | Tax Status | Beginning Balance 2010 | Newly Allocated 2010 | Amended 2010 | Amount Paid 2010 | Ending Balance 2010 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| <u>Collaborative/Leveraging Activities</u> | | | | | | |
| New Hampshire Public Health Association | | | | | | |
| 4 Park Street, Suite 304B Concord, NH 03301 2010 Fall Forum | | \$0.00 | \$100.00 | \$0.00 | \$100.00 | \$0.00 |
| \$100.00 2010 | | | | | | |
| NH Center for Nonprofits | | | | | | |
| 10 Ferry Street, Suite 315 Concord, NH 03301 Nonprofit Resource Platform Initiative | | \$0.00 | \$1,000.00 | \$0.00 | \$1,000.00 | \$0.00 |
| \$1,000.00 2010 | | | | | | |
| Rockingham Community Action | | | | | | |
| 4 Cutts Street Portsmouth, NH 03801 Seniors Count Seacoast Planning | 501c(3) | \$0.00 | \$3,500.00 | \$0.00 | \$0.00 | \$3,500.00 |
| \$3,500.00 2010 | | | | | | |
| Total Collaborative/Leveraging Activities (3 items) | | \$0.00 | \$4,600.00 | \$0.00 | \$1,100.00 | \$3,500.00 |
| <u>Contribution</u> | | | | | | |
| Cystic Fibrosis Foundation, No NE Chapter | | | | | | |
| 114 Perimeter Road Nashua, NH 03063 Donation-Memory of Archie McGowan | | \$0.00 | \$100.00 | \$0.00 | \$100.00 | \$0.00 |
| \$100.00 2010 | | | | | | |

Fiscal Year 2010

| Recipient and/or Purpose | Tax Status | Beginning Balance 2010 | Newly Allocated 2010 | Amended 2010 | Amount Paid 2010 | Ending Balance 2010 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Friends Forever | | \$0.00 | \$1,000.00 | \$0.00 | \$1,000.00 | \$0.00 |
| 31 Raynes Avenue #10 Portsmouth, NH 03801 <i>Friends Forever Fundraiser</i> \$1,000.00 2010 | | | | | | |
| Mark Wentworth Home | | \$0.00 | \$100.00 | \$0.00 | \$100.00 | \$0.00 |
| 346 Pleasant Street Portsmouth, NH 03801 <i>Contribution-Memory of Mary Salerno</i> \$100.00 2010 | | | | | | |
| NH Center for Nonprofits | | \$0.00 | \$500.00 | \$0.00 | \$500.00 | \$0.00 |
| 10 Ferry Street, Suite 315 Concord, NH 03301 <i>Membership</i> \$500.00 2010 | | | | | | |
| Seacoast Hospice | 509a(2) | \$0.00 | \$100.00 | \$0.00 | \$100.00 | \$0.00 |
| 9 Hampton Road Exeter, NH 03833 <i>Donation-Memory of Mitchell Hyder</i> \$100.00 2010 | | | | | | |
| Total Contribution (5 items) | | \$0.00 | \$1,800.00 | \$0.00 | \$1,800.00 | \$0.00 |
| Infants/Children/Adolescents | | | | | | |
| Community Child Care Center, Inc. | 501c(3) | \$22,500.00 | \$0.00 | \$0.00 | \$22,500.00 | \$0.00 |
| 100 Campus Drive, Suite 313 Portsmouth, NH 03801 \$45,000.00 2009 | | | | | | |

Fiscal Year 2010

| Recipient and/or Purpose | Tax Status | Beginning Balance 2010 | Newly Allocated 2010 | Amended 2010 | Amount Paid 2010 | Ending Balance 2010 |
|--|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 <i>Operational Grant - Teaching/Administrative Staff Salaries</i> \$22,500.00 2010 | 501c(3) | \$0.00 | \$22,500.00 | \$0.00 | \$22,500.00 | \$0.00 |
| New Heights: Adventures for Teens 100 Campus Drive Portsmouth, NH 03801 <i>New Heights</i> \$95,625.00 2009 | 501c(3) | \$95,625.00 | \$0.00 | \$0.00 | \$95,625.00 | \$0.00 |
| New Heights: Adventures for Teens 100 Campus Drive Portsmouth, NH 03801 \$50,000.00 2009 | 501c(3) | \$50,000.00 | \$0.00 | \$0.00 | \$50,000.00 | \$0.00 |
| New Heights: Adventures for Teens 100 Campus Drive Portsmouth, NH 03801 <i>New Heights</i> \$190,000.00 2010 | 501c(3) | \$0.00 | \$190,000.00 | \$0.00 | \$190,000.00 | \$0.00 |
| Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 <i>New Heights Program</i> \$95,625.00 2009 | 509a(1) | \$191,250.00 | \$0.00 | -\$95,625.00 | \$95,625.00 | \$0.00 |
| Total Infants/Children/Adolescents (6 items) | | | | | | |
| | | \$359,375.00 | \$212,500.00 | -\$95,625.00 | \$476,250.00 | \$0.00 |

Fiscal Year 2010

| Recipient and/or Purpose | Tax Status | Beginning Balance 2010 | Newly Allocated 2010 | Amended 2010 | Amount Paid 2010 | Ending Balance 2010 |
|--|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| <u>Medical Financial Assistance Program</u> | | | | | | |
| Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 <i>Comprehensive Health Center</i> \$291,000.00 2010 | 509a(1) | \$0.00 | \$291,000.00 | \$0.00 | \$291,000.00 | \$0.00 |
| Lamprey Health Care 207 South Main Street Newmarket, NH 03857 <i>Medical Financial Assistance Program</i> \$36,000.00 2009 | 501c(3) | \$9,000.00 | \$0.00 | \$0.00 | \$9,000.00 | \$0.00 |
| Lamprey Health Care 207 South Main Street Newmarket, NH 03857 \$22,500.00 2010 | 501c(3) | \$0.00 | \$22,500.00 | \$0.00 | \$22,500.00 | \$0.00 |
| | | \$9,000.00 | \$313,500.00 | \$0.00 | \$322,500.00 | \$0.00 |
| <u>Technical Assistance</u> | | | | | | |
| New Heights: Adventures for Teens 100 Campus Drive Portsmouth, NH 03801 <i>Technical Assistance</i> \$4,311.55 2009 | 501c(3) | \$4,311.55 | \$0.00 | \$0.00 | \$4,311.55 | \$0.00 |
| Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth, NH 03801 <i>Technical Assistance-Strategic Planning</i> \$15,688.80 2009 | 509a(1) | \$9,650.00 | \$0.00 | -\$4,311.20 | \$5,338.80 | \$0.00 |
| | | \$13,961.55 | \$0.00 | -\$4,311.20 | \$9,650.35 | \$0.00 |

Fiscal Year 2010

| Recipient and/or Purpose | Tax Status | Beginning Balance 2010 | Newly Allocated 2010 | Amended 2010 | Amount Paid 2010 | Ending Balance 2010 |
|--------------------------------|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Grand Totals (19 items) | | \$382,336.55 | \$532,400.00 | -\$99,936.20 | \$811,300.35 | \$3,500.00 |

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



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.

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.

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, CHILDREN 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 receipts 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.](#)

[About The Foundation](#) :: [Initiatives](#) :: [Resource Center](#) :: [Contact Us](#) :: [Home](#)

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NH Web Design | Content Management

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/Executive Director:

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/ 3 rd 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

QUARTERLY REPORT

Organization:

Grant:

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.



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 2008-Present) prior to the 2010-2011 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 2004 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)
- American College Test (ACT)

Application Forms

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

- **2010 Scholarship Application**
- **2010 Student Assessment Form** - Three required (Note: Graduating high school seniors may submit 3 of the Teacher Evaluation Forms used in The Common Application)
- **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.

[About The Foundation](#) :: [Initiatives](#) :: [Resource Center](#) :: [Contact Us](#) :: [Home](#)

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NH Web Design | Content Management



**To be eligible,
scholarship
applicants must be
a resident of
Portsmouth, North
Hampton,
Greenland, Rye,
Newington, or
New Castle, NH; or
Kittery, Eliot, or
York, ME.**

Scholarship Forms

2010 SCHOLARSHIP APPLICATION

**THE SCHOLARSHIP APPLICATION MAY BE COMPLETED ON LINE
BUT A COPY OF SAME SHOULD BE PRINTED OUT AS THERE MAY
BE SECTIONS THAT SHOULD BE COMPLETED BY YOUR
GUIDANCE COUNSELOR OR ADVISOR.**

2010 STUDENT ASSESSMENT FORM (THREE REQUIRED)

**THE ASSESSMENT FORM MAY BE COMPLETED ON LINE AND E-
MAILED TO THE FOUNDATION. HOWEVER, IT IS SUGGESTED A
COPY OF THE COMPLETED FORM BE PRINTED FOR YOUR RECORD
IN CASE THERE ARE ANY TECHNICAL DIFFICULTIES.**

**(GRADUATING HIGH SCHOOL SENIORS MAY SUBMIT 3 OF THE
TEACHER EVALUATION FORMS INCLUDED IN THE COMMON
APPLICATION.)**

APPLICATION CHECKLIST

Offices at the
Community Campus
100 Campus Drive, Suite 1
Portsmouth, NH 03801
Directions
603 422.8200
ffsh@communitycampus.org

SEE CHECKLIST FOR REQUIRED ATTACHMENTS TO APPLICATION

[About The Foundation](#) :: [Initiatives](#) :: [Resource Center](#) :: [Contact Us](#) :: [Home](#)

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NH Web Design | Content Management

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, 2010

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 _____

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 EnrolledPart 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 2010 – June 2011: 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, ACT, or NLN
High School Seniors GPA and SAT or ACT

Attach official copy of most recent test scores. Scores prior to 2004 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 2004. **Test scores are required for FSH scholarship considerations EVEN if school does not require same.**

SUPPLEMENTAL INFORMATION

Attach a detailed resume which includes: (Graduating High School seniors may submit pages 3 and 4 of the Common Application)

- Schools attended with Graduation Dates
- All volunteer activities
- Any notable awards, honors, or citations received
- 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.

[Empty text box for question 1]

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.

[Empty text box for question 2]

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

[Empty text box for question 3]

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

STUDENT 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) \$ _____

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: _____

**FOUNDATION FOR SEACOAST HEALTH
2010 SCHOLARSHIP PROGRAM
STUDENT ASSESSMENT AND STATEMENT OF SUPPORT
(Side One)**

Appraisers must complete side one of this form and either complete side two or attach a current letter of support. Any candidate who has previously received a Foundation for Seacoast Health award must submit **new** references each year with **at least two** from **current** professors/teachers if applicant is enrolled in school. If applicant has prior experience in the health field, please have at least **one** Student Assessment and Statement of Support form completed by a person who supervised your work in the field. **This form must be returned to the Foundation for Seacoast Health, 100 Campus Drive, Suite One, Portsmouth, NH 03801 no later than February 1, 2010 in a sealed envelope with the appraiser's signature across the seal.** Please note that legibility and thoughtfulness of recommendations are important to the consideration of candidate eligibility.

Please Type or Print

Applicant's Name _____

Appraiser's Name _____ Title _____

Professional Association with Applicant _____

Affiliation of Appraiser (Institution/Agency) _____

Using the following scale, please rate the applicant by placing an X in the appropriate box for each of the listed criteria:

STUDENT ASSESSMENT

| CRITERIA | NO BASIS TO JUDGE | BELOW AVERAGE Below 50% | AVERAGE Middle 50-75% | GOOD Top 24% | VERY GOOD Top 10% | OUT- STANDING Top 5% | EXCEPTIONAL Top 1% |
|---|-------------------|----------------------------|--------------------------|-----------------|----------------------|----------------------------|-----------------------|
| Intellect Analytical Powers Critical Thinking Reasoning Ability | | | | | | | |
| Creativity Originality Imagination | | | | | | | |
| Communications Skills Oral Written | | | | | | | |
| Motivation Persistence Self-Discipline Achieves Goals | | | | | | | |
| Judgment & Maturity Conscientiousness Common Sense | | | | | | | |
| Leadership Ability | | | | | | | |
| Organizational Skills | | | | | | | |
| Personal Attributes Ability to Relate to Others Sensitivity Integrity | | | | | | | |
| Ability to Achieve Health Related Career Goals | | | | | | | |
| Commitment to Achieve Health-Related Career Goals | | | | | | | |

Appraiser's Signature _____

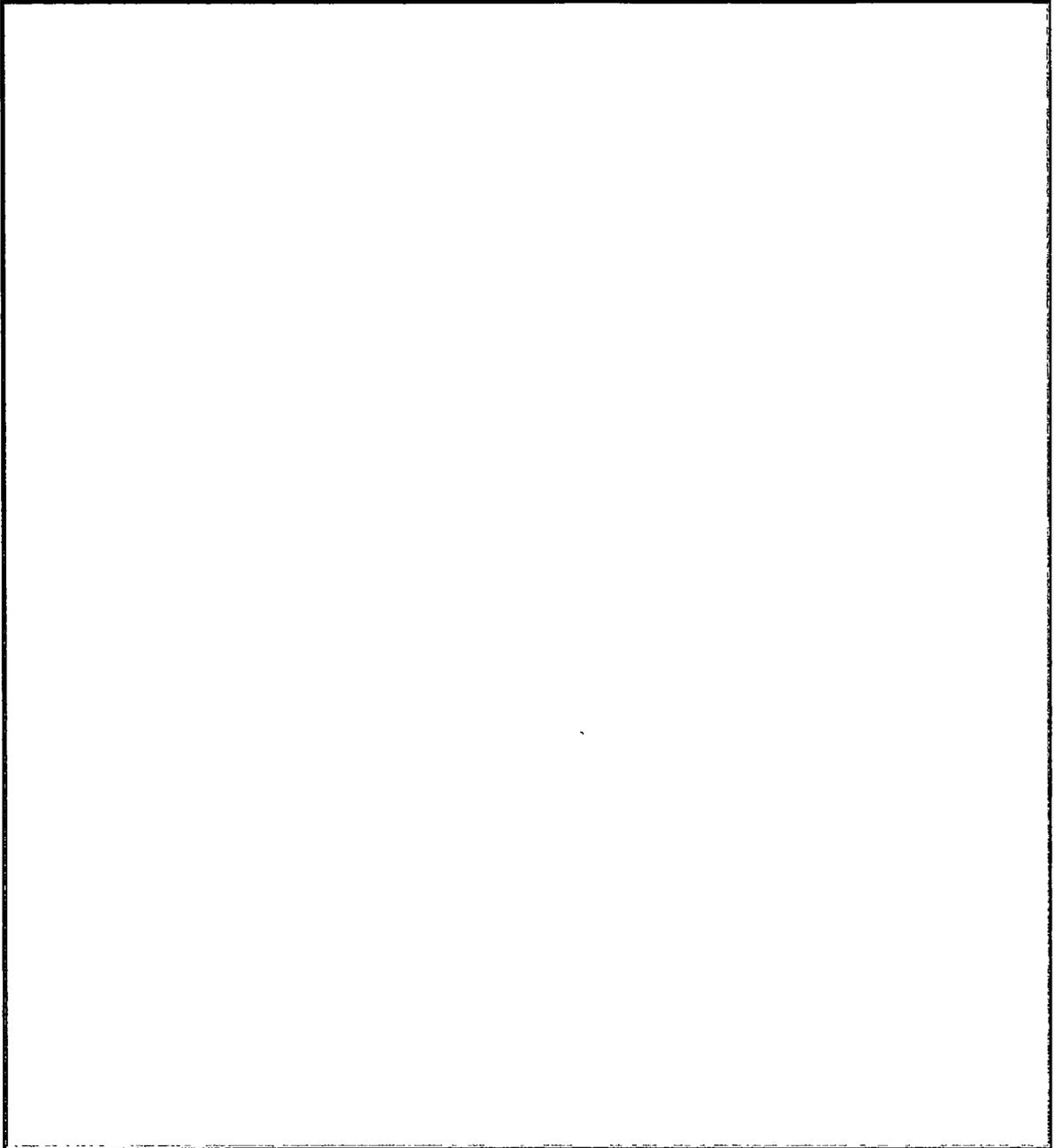
Date _____

See Reverse Side

STATEMENT OF SUPPORT
(Side Two)

PLEASE TYPE

Please address candidate's health-related goals in your assessment remarks.



Appraiser's Signature

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

(Graduating high school seniors may submit 3 of the Teacher Evaluation Forms included in The Common Application)

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)
- American College Test (ACT)

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** (Graduating high school seniors may submit pages 3 and 4 of The Common Application)