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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , and ending

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

Room/suite

B Telephone number (see instructions)

603-422-8204

City or town, state, and ZIP code

PORTSMOUTH NH 03801

C If exemption application is pending, check here ▶ ☐

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

D 1 Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ $ **43,386,696**

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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 instructions))

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	290			
	2	Check ▶ ☒ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	8	8		
	4	Dividends and interest from securities	539,047	539,047		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	645,240			
	b	Gross sales price for all assets on line 6a 16,438,915				
	7	Capital gain net income (from Part IV, line 2)		645,240		
	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	455,582		455,582	
	12	**Total.** Add lines 1 through 11	1,640,167	1,184,295	455,582	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	152,833	19,746		133,136
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits	51,568	7,812		43,752
	16a	Legal fees (attach schedule) SEE STMT 2	400			400
	b	Accounting fees (attach schedule) STMT 3	28,250			27,250
	c	Other professional fees (attach schedule) STMT 4	58,226	53,799		4,510
	17	Interest	30,069		9,598	21,874
	18	Taxes (attach schedule) (see instructions) STMT 5	10,779			
	19	Depreciation (attach schedule) and depletion STMT 6	515,092		164,104	
	20	Occupancy	368,274		116,564	251,710
	21	Travel, conferences, and meetings	8,545			
	22	Printing and publications	7,742			
	23	Other expenses (att sch) STMT 7	4,454,350	25,082	135,981	4,557,728
	24	**Total operating and administrative expenses.** Add lines 13 through 23	5,686,128	106,439	426,247	5,040,360
	25	Contributions, gifts, grants paid	803,100			793,750
	26	**Total expenses and disbursements.** Add lines 24 and 25	6,489,228	106,439	426,247	5,834,110
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-4,849,061			
	b	**Net investment income** (if negative, enter -0-)		1,077,856		
	c	**Adjusted net income** (if negative, enter -0-)			29,335	

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets 1	Cash—non-interest-bearing	325,771	943,496	943,496
2	Savings and temporary cash investments	8,376	8,384	8,384
3	Accounts receivable ▶ 709,126			
	Less: allowance for doubtful accounts ▶	2,500,692	709,126	709,126
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 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	8,642,833	3,797,805	3,797,805
b	Investments—corporate stock (attach schedule) SEE STMT 9	18,123,496	21,985,078	21,985,078
c	Investments—corporate bonds (attach schedule) SEE STMT 10	8,924,569	4,334,291	4,334,291
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 ▶ 17,507,849			
	Less accumulated depreciation (attach sch) ▶ STMT 11 6,038,041	11,931,100	11,469,808	11,469,808
15	Other assets (describe ▶ SEE STATEMENT 12)	126,519	138,708	138,708
16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	50,583,356	43,386,696	43,386,696
Liabilities 17	Accounts payable and accrued expenses	375,941	110,735	
18	Grants payable	3,500	12,500	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	11,795,000	11,795,000	
22	Other liabilities (describe ▶ SEE STATEMENT 13)	6,508	6,509	
23	**Total liabilities** (add lines 17 through 22)	12,180,949	11,924,744	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted	37,878,297	30,933,188	
25	Temporarily restricted	219,300	233,976	
26	Permanently restricted	304,810	294,788	
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	**Total net assets or fund balances** (see instructions)	38,402,407	31,461,952	
31	**Total liabilities and net assets/fund balances** (see instructions)	50,583,356	43,386,696	

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	38,402,407
2	Enter amount from Part I, line 27a	2	-4,849,061
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 14	3	-967,793
4	Add lines 1, 2, and 3	4	32,585,553
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 15	5	1,123,601
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	31,461,952

Form 990-PF (2011) **FOUNDATION FOR SEACOAST HEALTH** **02-0386319**

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 WORKSHEET			
b				
c				
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				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
b				
c				
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	645,240
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 instructions). If (loss), enter -0- in Part I, line 8	3	1,391

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 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))
2010	3,075,376	37,416,720	0.082193
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

2	**Total** of line 1, column (d)	2	0.395382
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.079076
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	34,435,144
5	Multiply line 4 by line 3	5	2,722,993
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	10,779
7	Add lines 5 and 6	7	2,733,772
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	8	5,887,911

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b		1	10,779
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	10,779
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	10,779
6	Credits/Payments.			
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a 34,800		
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	34,800
8	Enter any **penalty** for underpayment of estimated tax Check here ☒ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	24,021
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ▶ 24,021 **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ▶ $ _____ (2) On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X	
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.FFSH.ORG

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

100 CAMPUS DRIVE, STE 1

Located at ▶ PORTSMOUTH NH ZIP+4 ▶ 03801

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

			Yes	No
16	At any time during calendar year 2011, 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?	16	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶ CAYMAN ISLANDS			

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

						Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.						
1a	During the year did the foundation (either directly or indirectly)						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☒ No				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☒ No				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☒ No				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☒ No				
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☒ No				
	(6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☒ No				
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐						
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?			N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):						
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	☐ Yes	☒ No				
	If "Yes," list the years ▶ 20 , 20 , 20 , 20						
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)			N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☒ No				
b	If "Yes," did it have excess business holdings in 2011 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 2011)			N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?				4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?				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 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 instructions)?			5b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐					
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		X
	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 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	PORTSMOUTH	ADMIN. EXEC.			
100 CAMPUS DRIVE, SUITE 1	NH 03801	40.00	65,821	20,764	0
DEBRA S. GRABOWSKI	PORTSMOUTH	EXEC. DIR.			
100 CAMPUS DRIVE, SUITE 1	NH 03801	32.00	87,012	17,724	0

2 Compensation of five highest-paid employees (other than those included on line 1—see 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	PORTSMOUTH	ADMIN. COORD			
100 CAMPUS DRIVE, SUITE 1	NH 03801	40.00	31,582	20,238	0
ELIGIO SANTANA	PORTSMOUTH	FACILITY SUP			
100 CAMPUS DRIVE, SUITE 1	NH 03801	40.00	51,588	6,446	0

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

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

3 Five highest-paid independent contractors for professional services (see 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	2,973,373
NAVIGANT CONSULTING, INC. 4511 PAYSPHERE CIRCLE CHICAGO IL 60674	LEGAL RE: HCA	413,858
SMITH LEE LLC ONE POST OFFICE SQUARE SHARON MA 02067	LEGAL RE: HCA	296,331
DEVINE, MILLIMET & BRANCH, PA 300 BRICKSTONE SQUARE, PO BOX 39 ANDOVER MA 01810	LEGAL RE: HCA	163,657
WHALEBACK ASSOCIATES, LLC PO BOX 2074 NEW CASTLE NH 03854	CONSULTANT	120,154
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 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 instructions 3	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	34,271,339
b	Average of monthly cash balances		1b	688,198
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	34,959,537
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	34,959,537
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)		4	524,393
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	34,435,144
6	**Minimum investment return.** Enter 5% of line 5		6	1,721,757

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

1	Minimum investment return from Part X, line 6			1	1,721,757
2a	Tax on investment income for 2011 from Part VI, line 5	2a	10,779		
b	Income tax for 2011 (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	10,779
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,710,978
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	1,710,978
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	1,710,978

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	5,834,110
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	53,801
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	5,887,911
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 instructions)	5	10,779
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,877,132

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 instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI, line 7				1,710,978
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only				
b	Total for prior years: 20 ____ , 20 ____ , 20 ____				
3	Excess distributions carryover, if any, to 2011:				
a	From 2006 473,937				
b	From 2007 1,279,744				
c	From 2008 1,254,565				
d	From 2009 2,523,780				
e	From 2010 1,273,584				
f	**Total** of lines 3a through e	6,805,610			
4	Qualifying distributions for 2011 from Part XII, line 4. ▶ $ 5,887,911				
a	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
c	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2011 distributable amount				1,710,978
e	Remaining amount distributed out of corpus	4,176,933			
5	Excess distributions carryover applied to 2011 (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	10,982,543			
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 instructions				
e	Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	473,937			
9	**Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	10,508,606			
10	Analysis of line 9				
a	Excess from 2007 1,279,744				
b	Excess from 2008 1,254,565				
c	Excess from 2009 2,523,780				
d	Excess from 2010 1,273,584				
e	Excess from 2011 4,176,933				

Part XIV Private Operating Foundations (see 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 2011, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter. (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see 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 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				
2011 GRANTS PAID				
			(SEE SCHEDULE)	777,500
2010 GRANTS PAID				
			(SEE SCHEDULE)	3,500
2011 GIFTS/CONTRIBUTIONS PAID				
			(SEE SCHEDULE)	2,750
2011 SCHOLARSHIPS PAID				
			(SEE SCHEDULE)	10,000
Total			▶ 3a	793,750
b Approved for future payment				
2011 GRANTS ACCRUED				
			(SEE SCHEDULE)	12,500
2011 GIFTS/CONTRIBUTIONS ACCRUED				
			(SEE SCHEDULE)	350
Total			▶ 3b	12,850

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue					
a COMMUNITY CAMPUS RENT			16	426,247	
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	8	
4 Dividends and interest from securities			14	539,047	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	645,240	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue. a					
b MISCELLANEOUS INCOME			1	29,335	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		1,639,877	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,639,877

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule.

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

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

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Sign Here

Signature of officer or trustee | Date 3/27/12 | Title TREAS

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
MATTHEW C. RAIMER, JR.	Matthew C Raimer Jr	03/20/12	

Firm's name ▶ HODGDON, WILSON & GRIFFIN, CPAS PTIN P00237439

Firm's address ▶ 600 STATE ST STE B PORTSMOUTH, NH 03801-4385 Firm's EIN ▶ 02-0400922

Phone no 603-436-9101

FOUNDATION FOR SEACOAST HEALTH
PROGRAM EXPENDITURES 2011

PROGRAM	2011 CARRYOVER AMOUNT	2011 AMOUNT AWARDED	2012 CARRYOVER AMOUNT	2011 PAYOUT
Scholarships:				
Graduate		$3,500 00		
Undergraduate	0 00	6,500 00	0 00	
TOTAL SCHOLARSHIPS	**$0.00**	**$10,000.00**	**$0.00**	**$10,000.00**
Gifts/Contributions:				
NH Center for Nonprofits		850 00	350	
Child Advocacy Center of Rockingham County		1,000 00		
Friends Forever		1,250 00		
Total Gifts/Contributions	**$0.00**	**$3,100.00**	**$350.00**	**$2,750.00**
Medical Financial Assistance Grants:				
MF084-Families First/Greater Seacoast		345,000 00		
MF-083-Lamprey Health Care		30,000 00		
Total Medical Financial Asst Grants	**$0.00**	**$375,000.00**	**$0.00**	**$375,000.00**
Infants/Children/Adolescent Grants:				
5301CA-Community Child Care Center		45,000 00		0 00
5291CA-New Heights Adventures for Teens		370,000 00		0 00
Total Inf/Child/Adol Grants	**$0.00**	**$415,000.00**	**$0.00**	**$415,000.00**
Collaborative Grants:				
Rockingham Community Action	3,500			
Mark Wentworth Home		5,000 00	5,000 00	
Rockingham Community Action		7,500 00	7,500 00	
Total Miscellaneous Grants	**$3,500**	**$12,500**	**$12,500**	**$3,500**
TOTAL GRANTS/CONTRIBUTIONS	**$3,500**	**$805,600**	**$12,850**	**$796,250**
TOTAL SCHOLARSHIPS/GRANTS/CONTRIBUTIONS	**$3,500**	**$815,600**	**$12,850**	**$806,250**

FOUNDATION FOR SEACOAST HEALTH
Grants/Gifts/Donations
Year Ended December 31, 2011

No.	Name	Project	Balance 2011	Awarded 2011	Paid 2011	Balance 2012
	NH Center for Nonprofits	Membership Fee		500 00	500 00	
	NH Center for Nonprofits	Network Membership		350 00		350 00
	Friends Forever	Misc Donation		1,250 00	1,250 00	
	Child Advocacy Center	Misc Donation		1,000 00	1,000 00	
	Rockingham Community Action	Seniors Count of the Seacoast	3,500 00		3,500 00	
	Rockingham Community Action	Seniors Count of the Seacoast		7,500 00		7,500 00
	Mark Wentworth Home	Senior Planning		5,000 00		5,000 00
MF-083	Lamprey Health Care	Medical Financial Assistance		30,000 00	30,000 00	
MF-084	Families First/Greater Seacoast	Comprehensive Health/Support Services		345,000 00	345,000 00	
5301CA	Community Child Care Center	Wage Solutions		45,000 00	45,000 00	
5291CA	New Heights Adventures for Teens	New Heights Program		370,000 00	370,000 00	
TOTALS			**3,500.00**	**805,600.00**	**796,250.00**	**12,850.00**

FOUNDATION FOR SEACOAST HEALTH **02-0386319**

Form 990PF - 12/31/11

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 - Marketing/ Symposium	**7,500.00**
Mark Wentworth Home	346 Pleasant Street Portsmouth, NH 03801	Senior Center Planning Program	**5,000.00**
NH Center for Nonprofits	10 Ferry Street, Suite 315 Concord, NH 03301	Nonprofits Network Membership	**350.00**
			$12,850.00

Form **990-PF**

Capital Gains and Losses for Tax on Investment Income

For calendar year 2011, or tax year beginning , and ending

2011

Name

FOUNDATION FOR SEACOAST HEALTH

Employer Identification Number

02-0386319

	(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)
(1)	191919.192 TIFF SHORT TERM FUND	P	01/11/11	01/18/11
(2)	25252.525 TIFF SHORT TERM FUND	P	01/11/11	02/10/11
(3)	20202.02 TIFF SHORT TERM FUND	P	01/11/11	02/22/11
(4)	TIFF SHORT TERM FUND	P	01/11/11	03/17/11
(5)	30511.060 VANGAURD INFLATION PROT	P	VARIOUS	03/16/11
(6)	197022.767 VANGAURD INTER TREASURY	P	VARIOUS	03/16/11
(7)	109457.093 VANGAURD INTER TREASURY	P	VARIOUS	03/16/11
(8)	38058.991 VANGAURD SHRT TERM BOND	P	VARIOUS	03/28/11
(9)	74404.762 LOOMIS SAYLES CORP BOND	P	02/01/10	03/15/11
(10)	35995.939 COLCHESTER GLOBAL BOND	P	VARIOUS	04/30/11
(11)	57034.221 VANGAURD SHRT TERM BOND	P	VARIOUS	04/14/11
(12)	37950.664 VANGAURD SHRT TERM BOND	P	VARIOUS	04/20/11
(13)	61262.959 VANGAURD SHRT TERM BOND	P	VARIOUS	05/17/11
(14)	10875.476 DODGE & COX INTERNATIONAL	P	VARIOUS	06/07/11
(15)	17338.535 ARTISAN INTL INSTITUTIONAL	P	VARIOUS	06/07/11

	(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)
(1)	1,900,000		1,899,962	38
(2)	250,000		250,000	
(3)	200,000		200,000	
(4)	186,092		186,090	2
(5)	800,000		697,016	102,984
(6)	2,250,000		2,307,489	-57,489
(7)	1,250,000		1,281,938	-31,938
(8)	400,000		396,422	3,578
(9)	1,000,000		912,704	87,296
(10)	1,000,000		911,417	88,583
(11)	600,000		594,068	5,932
(12)	400,000		395,294	4,706
(13)	650,000		638,115	11,885
(14)	400,000		353,888	46,112
(15)	400,000		500,564	-100,564

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)				38
(2)				
(3)				
(4)				2
(5)				102,984
(6)				-57,489
(7)				-31,938
(8)				3,578
(9)				87,296
(10)				88,583
(11)				5,932
(12)				4,706
(13)				11,885
(14)				46,112
(15)				-100,564

Form **990-PF**

Capital Gains and Losses for Tax on Investment Income

For calendar year 2011, or tax year beginning , and ending

2011

Name

FOUNDATION FOR SEACOAST HEALTH

Employer Identification Number

02-0386319

	(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)
(1)	8479.367 THORNBURG VALUE CL FUND	P	VARIOUS	06/08/11
(2)	9348.707 VANGAURD TOT STOCK MKT INDE	P	06/01/10	06/01/11
(3)	22480.330 VANGAURD INFLATION PROT	P	VARIOUS	06/01/11
(4)	14084.507 VANGAURD SHRT TERM BOND	P	VARIOUS	06/07/11
(5)	1000000.000 VANGAURD MM FUND	P	VARIOUS	06/22/11
(6)	23430.178 VANGAURD SHRT TERM BOND	P	VARIOUS	07/12/11
(7)	13552.684 VANGAURD SHRT TERM BOND	P	VARIOUS	07/19/11
(8)	5585.399 VANGAURD SHRT TERM BOND	P	VARIOUS	07/19/11
(9)	8903.134 VANGAURD INFLATION PROT	P	VARIOUS	08/12/11
(10)	20627.063 VANGAURD INTER TREASURY	P	VARIOUS	08/19/11
(11)	250000.000 VANGAURD MM FUND	P	VARIOUS	09/13/11
(12)	8386.571 COLCHESTER GLOBAL BOND	P	VARIOUS	10/05/11
(13)	TIFF ABSOLUTE RETURN POOL CL B SHRS	P	12/31/10	12/31/11
(14)	CAPITAL GAINS DISTRIBUTION			
(15)				

	(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)
(1)	300,000		269,220	30,780
(2)	300,000		241,664	58,336
(3)	600,000		513,900	86,100
(4)	150,000		146,718	3,282
(5)	1,000,000		1,000,000	
(6)	250,000		244,072	5,928
(7)	144,472		141,192	3,280
(8)	59,540		58,189	1,351
(9)	250,000		204,007	45,993
(10)	250,000		241,508	8,492
(11)	250,000		250,000	
(12)	250,000		232,476	17,524
(13)	700,000		725,762	-25,762
(14)	248,811			248,811
(15)				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)				30,780
(2)				58,336
(3)				86,100
(4)				3,282
(5)				
(6)				5,928
(7)				3,280
(8)				1,351
(9)				45,993
(10)				8,492
(11)				
(12)				17,524
(13)				-25,762
(14)				248,811
(15)				

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2011, or tax year beginning , and ending

2011

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)		5,340,000	5,340,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		11,795,000	11,795,000

FOUNDATION FOR SEACOAST HEALTH **02-0386319**
Form 990PF - 12/31/11
Part VIII, Line 1:

BOARD OF TRUSTEES/OFFICERS - 2011

Patricia A. Barbour
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Richard Chace, MD
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Sharon R. Weston
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Jameson S. French
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100 Campus Drive, Suite 1
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Wendy J. Frosh
Foundation for Seacoast Health
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Timothy J. Connors
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Portsmouth, NH 03801

Daniel C. Hoefle
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Timothy C. Driscoll
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100 Campus Drive, Suite 1
Portsmouth, NH 03801

John P. Gens, Jr., MD
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Peter J. Loughlin
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

John J. Hebert
Foundation for Seacoast Health
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Portsmouth, NH 03801

Anne C. Hodsdon
Foundation for Seacoast Health
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Portsmouth, NH 03801

John E. Lyons, Jr.
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

OFFICERS - 2011

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Chair
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Timothy J. Connors
Vice Chair
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Timothy C. Driscoll
Treasurer
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

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

FOUNDATION FOR SEACOAST HEALTH

BYLAWS

SECTION I. NAME, PURPOSES, LOCATION, CORPORATE SEAL AND FISCAL YEAR

1.1 Name. The name by which the corporation shall be known shall be Foundation for Seacoast Health.

1.2 Purposes. The objects and purposes of the corporation shall be as set forth in the Articles of Agreement, and its activities shall be conducted for such objects and purposes in such a manner that no part of its net earnings will inure to the benefit of any Member, Trustee, Officer, or other individual. In the event of any conflict or inconsistency between these Bylaws and the Articles of Agreement, the provisions of the Articles of Agreement shall control.

1.3 Location. The address at which the business of the corporation is to be carried on shall be ~~48 Congress Street~~100 Campus Drive, Portsmouth, New Hampshire, or such other address as the Board of Trustees may designate.

1.4 Corporate Seal. The Board of Trustees may adopt and alter the seal of the corporation.

1.5 Fiscal Year. The fiscal year of the corporation shall, unless otherwise decided by the Board of Trustees, end on December 31 in each year.

SECTION II. MEMBERS

2.1 Numbers, Election, Qualification, and Tenure. Members shall be elected annually by a vote of a plurality of the Members who cast votes in an election. The number of Members shall not be more than ~~One Hundred Twenty~~one hundred twenty-five (125) nor less than ten (10). Members shall be residents of, or work in, the New Hampshire Seacoast Area, which, for purposes of these Bylaws shall include the communities of Greenland, New Castle, Newington, North Hampton, Portsmouth, and Rye, New Hampshire; and Kittery, Eliot, and York, Maine; provided, however, that up to ten percent (10%) of the Members or two Members, whichever is greater, determined as of the time of any election of Members, need not be residents of, or work in, the New Hampshire Seacoast Area.

Members shall be divided into three (3) classes with the numbers of Members divided equally so far as possible among the three (3) classes with the initial division among such classes to be determined by the Board of Trustees of the corporation and with such Members to serve as follows:

a) One such class of Members to serve until the first annual meeting of Members;

b) The second such class of Members to serve until the second annual meeting of Members; and

c) The third such class of Members to serve until the third annual meeting of Members. At the annual meeting, the Members shall elect the successors to the Members of each class whose term shall expire in that year who shall be elected to hold office for a term of three years from the date of their election.

At any meeting of the corporation, the Members may increase the number of Members, but not to more than ~~One Hundred Twenty~~one hundred twenty-five (125), and elect Members to fill the vacancies so created by a vote of a plurality of the Members who cast votes in an election; or they may decrease the number of Members, but to not less than ten (10). Any such decrease will not affect the term of any currently-serving Member.

Each Member shall serve until his/her successor as a Member is elected and qualified or until he/she sooner dies, resigns, or is removed.

Members may be elected to serve not more than two (2) three (3) year terms.

Members shall not be precluded from serving the corporation in any other capacity and receiving compensation for any such services.

2.2 Removal. A Member may be removed with cause by vote of a majority of the Members present and voting at any annual or special meeting.

2.3 Resignation. A Member may resign by delivering a written resignation to the Chairman of the Board of Trustees, Treasurer, or Secretary of the corporation, or to a meeting of the Members or the Board of Trustees. Such resignation shall be effective upon receipt (unless specified to be effective at some other time), and acceptance thereof shall not be necessary to make it effective unless it so states.

2.4 Vacancies. Any vacancy in the membership may be filled by the remaining Members. Each successor shall hold office for the unexpired term or until the successor sooner dies, resigns, or is removed. The Members shall have and may exercise all their powers notwithstanding the existence of one or more vacancies in their number.

2.5 Annual Meeting. The annual meeting of the Members shall be held on the third Tuesday of April in each year, or if that date is a legal holiday at the place where the meeting is to be held, then on the next succeeding day not a legal holiday, at such time as may be determined by the Chairman of the Board of Trustees or by the Board of Trustees.

If an annual meeting is not held as herein provided, a special meeting may be held in place thereof with the same force and effect as the annual meeting, and in such case all references to these Bylaws to the annual meeting shall be deemed to refer to such special meeting.

2.6 Special Meetings. Special meetings of the Members may be held at any time. Special meetings of the Members may be called by the Chairman of the Board of Trustees or by the Board of Trustees, and shall be called by the Secretary (or in the case of the death, absence, incapacity or refusal of the Secretary, by any other Officer) upon the written application of not less than twenty percent (20%) of the Members and fifty percent (50%) of the Trustees.

2.7 **Place, Call, and Notice**. All meetings of the Members shall be held at the principal office of the corporation or at such other place in the State of New Hampshire as shall be specified in the notice of the meeting. Reasonable notice of the time and place of all meetings shall be given by the Chairman of the Board of Trustees or the Secretary. Notice of a meeting need not specify the purpose of the meeting unless otherwise required by law, the Articles of Agreement, or these Bylaws, or unless there is to be considered at the meeting (i) an amendment to these Bylaws, (ii) an amendment to the Articles of Agreement, or (iii) dissolution of the corporation.

2.8 **Sufficient Notice**. Except as otherwise expressly provided, it shall be reasonable and sufficient notice to a Member to send notice by mail at least forty-eight (48) hours or by telegram, email or facsimile at least twenty-four (24) hours before the meeting addressed to the Member's usual or last known business or residence address, email address or facsimile number, as applicable, or to give notice in person or by telephone at least twenty-four (24) hours before the meeting.

2.9 **Waiver of Notice**. Whenever notice of a meeting is required, such notice need not be given to any Member if a written waiver of notice, executed by the Member before or after the meeting, is filed with the records of the meeting, or to any Member who attends the meeting without protesting prior thereto or at its commencement the lack of notice to him. A waiver of notice need not specify the purpose of the meeting unless such purpose is required to be specified in the notice of such meeting.

2.10 **Quorum**. At any meeting of the Members, ~~five~~twenty percent (~~5~~20%) of the Members then in office, including fifty percent (50%) of Members who are Trustees then in office, in person or by proxy, shall constitute a quorum. Any meeting may be adjourned to such later date or dates by a majority of the votes cast upon the question whether or not a quorum is present, and the meeting may be held as adjourned without further notice.

2.11 **Action by Vote**. Each Member shall have one (1) vote. When a quorum is present at any meeting, in person, or by proxy, a majority of the votes properly cast by Members shall decide any question, ~~other than elections to any office,~~ unless otherwise provided by law, the Articles of Agreement or ~~the Bylaws of the corporation as from time to time in effect. Election to any office shall be decided by vote of a plurality of the Members who cast votes in an election.~~these Bylaws.

2.12 **Proxies.** Members may vote either in person or by written proxy dated not more than six (6) months before any meeting during which the proxy is to be exercised. No proxy shall be valid unless it is delivered to or on file with the Secretary of the corporation or other person responsible for recording the proceedings of any meeting. Unless otherwise specifically limited by its terms, a proxy shall entitle the holder thereof to vote at any meetings of the Members, or adjournments thereof, which take place within the valid period of the proxy; provided that such holder remains qualified to serve as proxy under this Section 2.12.

2.13 ~~2.12~~ **Action by Writing**. Any action required or permitted to be taken at any meeting of the Members may be taken without a meeting if all Members eligible to vote on the

matter consent to the action in writing and the written consents are filed with the records of the meetings of the Members. Such consents shall be treated for all purposes as a vote at a meeting.

2.14 ~~2.13~~ **Honorary Members**. The Members may elect Honorary Members, who shall receive notice of all meetings of the Members, shall vote as Members, and shall otherwise be in all respects like other Members subject to the provisions of these Bylaws, except that Honorary Members shall not be subject to the restrictions on number of three (3) year terms contained in Section 2.1 hereof. Honorary Members shall be counted as Members for the purpose of determining whether a quorum is present at any meeting of the Members.

SECTION III. BOARD OF TRUSTEES

3.1 Numbers, Election, Qualifications and Tenure. The Board of Trustees of the corporation shall consist of not less than ten (10) nor more than fifteen (15) Members ~~of the corporation. The Chairman of the Governing Board of the Portsmouth Regional Hospital shall be an ex officio (without vote) member of the Board of Trustees.~~elected by the Members.

Trustees may be elected by the Members to serve not more than three (3) terms of three (3) years each. If a Trustee has served the maximum number of consecutive terms, ~~except in special circumstances (as determined by the Trustees) when a person may be elected as a Trustee on a one-time basis only at the annual meeting in 1996 to serve a fourth three (3) year term.~~as described above, he or she may, after a hiatus from service on the Board of Trustees of at least one year, be elected by the Members to additional terms, subject to the term limits set forth in this Section 3.1.

Notwithstanding any other provision of these Bylaws, ~~under special circumstances (as determined by the Trustees),~~prior to April 2014 the Board of Trustees, by a two-thirds majority vote, may extend the term of any Trustee not eligible for re-election by the Members due to the term limits set forth above by electing such Trustee to a one-year term, and to subsequent one-year terms, but in no event to exceed ~~three of such terms.~~six (6) of such terms. Such terms shall be called "Extended Terms." At the Annual Meeting in 2015 and thereafter, no Trustee may be elected to more than three (3) Extended Terms.

3.2 Powers. The affairs of the corporation shall be managed by the Board of Trustees who shall have and may exercise all the powers of the corporation, except those powers reserved to the Members by law, the Articles of Agreement, or ~~the~~these Bylaws ~~of the corporation as from time to time in effect~~.

3.3 Removal. A Trustee may be removed with or without cause by a vote of a majority of Members present and voting at any annual or special meeting, or by a vote of a majority of the Board of Trustees (for example, if there are ~~nine~~ten (~~9~~10) Trustees, then ~~five~~six (~~5~~6) or more must vote for removal) at any annual, regular, or special meeting.

3.4 Resignation. A Trustee may resign by delivering a written resignation to the Chairman of the Board of Trustees, Treasurer, or Secretary of the corporation, or to a meeting of the Members or the Board of Trustees. Such resignation shall be effective upon receipt (unless specified to be effective at some other time) and acceptance thereof shall not be necessary to make it effective unless it so states.

3.5 Vacancies. Vacancies on the Board of Trustees due to death, resignation, or other cause may be filled by election by the remaining Trustees. Trustees so elected shall hold office until the next annual meeting of the corporation, at which time a successor shall be elected and shall hold office for the remainder of the term of the Trustee whose death, resignation, or other cause created the vacancy. The Board of Trustees shall have and may exercise all of their powers notwithstanding the existence of one or more vacancies in their number.

3.6 Annual Meeting. The annual meeting of the Board of Trustees shall be held on the third Tuesday of April in each year following the annual meeting of the Members of the corporation, or if that date is a legal holiday at the place where the meeting is to be held, then on the next succeeding day not a legal holiday, at such place and time as may be determined by the Chairman of the Board of Trustees or by the Board of Trustees.

If an annual meeting is not held as herein provided, a special meeting may be held in place thereof with the same force and effect as the annual meeting, and in such case all references in these Bylaws to the annual meeting shall be deemed to refer to such special meeting.

3.7 Regular Meetings. Regular meetings of the Board of Trustees may be held at such times as the Board of Trustees may determine.

3.8 Special Meetings. Special meetings of the Board of Trustees may be held at any time when called by the Chairman of the Board of Trustees or by at least one third (1/3) of the Board of Trustees.

3.9 Place, Call, and Notice. All meetings of the Board of Trustees shall be held at the principal office of the corporation or at such other place in New Hampshire as shall be specified in the notice of the meeting. Reasonable notice of the time and place of all meetings shall be given by the Chairman of the Board of Trustees or the Secretary. Notice of a meeting need not specify the purpose of the meeting, unless otherwise required by law, the Articles of Agreement, or these Bylaws.

3.10 Sufficient Notice. Except as otherwise expressly provided, it shall be reasonable and sufficient notice to a Trustee to send notice by mail at least forty-eight (48) hours or by telegram, email or facsimile at least twenty-four (24) hours before the meeting, addressed to the Trustee's usual or last known business or residence address ~~of the Trustee~~, email address or facsimile number, as applicable, or to ~~given~~give notice to the Trustee in person or by telephone at least twenty-four (24) hours before the meeting.

3.11 Waiver of Notice. Whenever notice of a meeting is required, such notice need not be given to any Trustee if a written waiver of notice, executed by the Trustee before or after the meeting, is filed with the records of the meeting, or to any Trustee who attends the meeting without protesting prior thereto or at its commencement the lack of notice to him. A waiver of notice need not specify the purpose of the meeting unless such purpose is required to be specified in the notice of such meeting.

3.12 Quorum. At any meeting of the Board of Trustees, a majority of the Trustees then in office shall constitute a quorum. Any meeting may be adjourned to such later date or

dates by a majority of the votes cast upon the question, whether or not a quorum is present, and the meeting may be held as adjourned without further notice.

3.13 Action by Vote. Each Trustee shall have one (1) vote. When a quorum is present at any meeting, a majority of the votes properly cast by Trustees shall decide any question, other than election of officers, unless otherwise provided by law, the Articles of Agreement or ~~the~~these Bylaws ~~of the corporation as from time to time in effect~~. Election to any office shall be decided by vote of a plurality of the Trustees who cast votes in an election.

3.14 Action by Writing. Any action required or permitted to be taken at any meeting of the Board of Trustees may be taken without a meeting if two-thirds (2/3) of the entire Board of Trustees consent to the action in writing and the written consents are filed with the records of the meetings of the Board of Trustees. Such consents shall be treated for all purposes as a vote at a meeting.

3.15 Proxies. Trustees may vote either in person or by written proxy~~, which proxies shall be filed before being voted~~ dated not more than six (6) months before any meeting during which the proxy is to be exercised. No proxy shall be valid unless it is delivered to or on file with the Secretary of the corporation or other person responsible for recording the proceedings of ~~the~~any meeting. Unless otherwise specifically limited by ~~their~~its terms, ~~such proxies~~a proxy shall entitle the ~~holders thereof to vote at any adjournment of the meeting but the proxy shall terminate after the final adjournment of such meeting.~~holder thereof to vote at any meetings of the Board of Trustees, or adjournments thereof, which take place within the valid period of the proxy; provided that such holder remains qualified to serve as proxy under this Section 3.15.

3.16 Presence through Communications Equipment. Trustees may participate in a meeting of the Board of Trustees by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other at the same time and participation by such means shall constitute presence in person at a meeting.

3.17 Conflict of Interest. ~~No Trustee or Officer shall serve the corporation who has a conflict of interest as defined by state or federal law. It shall be required that Trustees and Officers disclose to the Board of Trustees any actual, apparent, and potential conflicts of interest~~ The corporation's current Conflict of Interest Policy is Attachment 3.17 hereto. The Policy may be amended, or replaced, by a vote of the Board of Trustees.

SECTION IV. COMMITTEES

4.1 General. The Chairman of the Board of Trustees may nominate and the Board of Trustees will elect committee members. Unless otherwise provided by these Bylaws, committee members may but need not be Trustees or Members. A majority of any committee shall constitute a quorum. Unless the Board of Trustees otherwise designates, committees shall conduct their affairs in the same manner as is provided in these Bylaws for the Board of Trustees.

4.2 The Nominating Committee. The Chairman of the Board of Trustees shall nominate and the Board of Trustees will elect a Nominating Committee, consisting of five (5) members (~~two~~three (~~2~~3) of whom shall be Trustees), whose term of office as members of the

Nominating Committee shall expire at the next annual meeting of the Board of Trustees. The Nominating Committee shall nominate candidates to be Members ~~of the corporation,~~and to be Trustees, and shall present such nominations at the annual meeting of the Members. The Trustees shall nominate candidates to be Officers ~~of the corporation,~~ and ~~shall~~ present such nominations ~~at~~to the annual meeting of the Board of Trustees ~~and of the Members,~~ and at other meetings of the Members and Board of Trustees, respectively, when vacancies are to be filled.

4.3 Additional Committees. The Chairman of the Board of Trustees may nominate and the Board of Trustees will elect additional committees and may delegate to any such committee or committees any or all of the powers of the Board of Trustees to the extent not prohibited by law or these Bylaws. A committee shall not be authorized to act for the Board of Trustees unless such committee has specific written authority from the Board of Trustees to so act.

SECTION V. OFFICERS AND AGENTS

5.1 Number and Qualifications. The Officers of the corporation shall be a Chairman of the Board of Trustees, a Vice Chairman of the Board of Trustees, a President (if the Board of Trustees so chooses) a Treasurer, a Secretary and such other Officers, if any, as the Board of Trustees may determine. An Officer (other than the Chairman of the Board and the Vice Chairman) may but need not be a Trustee. The Chairman of the Board and Vice Chairman must be Trustees. All Officers other than the President and Secretary must be Members. The Secretary shall be a resident of the State of New Hampshire. A person may hold more than one office at the same time.

5.2 Election, Tenure and Vacancies. The Chairman of the Board of Trustees, Vice Chairman, ~~Presidents~~President (if the Board of Trustees so chooses), Treasurer, and Secretary shall be elected by the Board of Trustees at its annual meeting. Each such Officer shall hold office until the next annual meeting of the Board of Trustees and until a successor is elected and qualified, or until the Officer sooner dies, resigns, or is removed. Each other Officer may be elected by the Board of Trustees at any time, and shall hold office until the next annual meeting of the Board of Trustees unless a shorter period shall have been specified by the terms of his election or appointment, or in each case until the Officer sooner dies, resigns, or is removed. If the office of any Officer becomes vacant, the Board of Trustees may elect a successor to serve the unexpired term.

5.3 Chairman and Vice Chairman of the Board of Trustees. The Chairman of the Board of Trustees shall preside at all meetings of the Members and of the Board of Trustees, except as they shall otherwise determine, and shall have such other powers and duties as may be determined by the Board of Trustees.

A Vice Chairman designated by the Board of Trustees shall have and may exercise all of the powers and duties of the Chairman during the absence of the Chairman or in the event of the Chairman's inability to act the Vice Chairman shall have such other duties and powers as the Board of Trustees shall determine.

5.4 **President**. The President shall not be a member of the Board of Trustees. Except as the Board of Trustees may otherwise determine, the President shall have general charge and supervision of the day-to-day affairs of the corporation. If the office of the President is vacant, the Chairman shall have the duties of the President until such time as a President is elected by the Board of Trustees.

5.5 **Treasurer**. The Treasurer shall be the Chief Financial Officer of the corporation. The Treasurer shall be in charge of the corporation's financial affairs, funds, securities and valuable papers and shall keep full and accurate records thereof. The Treasurer shall make at least quarterly reports to the Board of Trustees, one of which shall be an annual report which shall include an accounting of the permanent funds of the corporation. The Treasurer shall recommend annually to the Board of Trustees a firm of independent certified public accountants to examine and audit the corporation's accounts. The Treasurer shall have such other duties and powers as designated by the Board of Trustees or the Chairman.

a) **Assistant Treasurer**. The Board of Trustees may, from time to time, appoint one or more persons to be an Assistant to the Treasurer. The duties and qualifications of the Assistant shall be the same as those of the Treasurer, with the Assistant being empowered to perform the duties of the Treasurer during the absence of the Treasurer or in the event of the Treasurer's inability to act. An Assistant Treasurer shall have such other duties and powers as the Board of Trustees shall determine.

5.6 **Secretary**. The Secretary shall record and maintain records of all proceedings of the Members and the Board of Trustees in a book or series of books kept for that purpose, which book or books shall be kept within the State of New Hampshire at the principal office of the corporation ~~or of the Secretary~~ and shall be open at all reasonable times to the inspection of any Member or Trustee. Such book or books shall also contain the original, or certified copies, of the Articles of Agreement and Bylaws and names of all Members and Trustees and the address of each. If the Secretary is absent from any meeting of Members or of the Board of Trustees, a temporary Secretary chosen at the meeting shall exercise the duties of the Secretary at the meeting.

a) **Assistant Secretary**. The Board of Trustees may, from time to time, appoint one or more persons to be an Assistant ~~to the~~ Secretary. The duties and qualifications of the Assistant Secretary shall be the same as those of the Secretary, with the Assistant Secretary being empowered to perform the duties of the Secretary during the absence of the Secretary or in the event of the Secretary's inability to act. An Assistant Secretary shall have such other duties and powers as the Board of Trustees shall determine.

5.7 **Removal**. An Officer may be removed with or without cause by a vote of a majority of Trustees present and voting at any meeting.

5.8 **Resignation**. An Officer may resign by delivering a written resignation to the Chairman of the Board of Trustees, Treasurer, or Secretary of the corporation, or to a meeting of the Members or the Board of Trustees. Such resignation shall be effective upon receipt (unless specified to be effective at some other time), and acceptance thereof shall not be necessary to make it effective unless it so states.

SECTION VI. GENERAL PROVISIONS

6.1 Execution of Papers. Except as the Board of Trustees may generally or in particular cases authorize the execution thereof in some other manner, all deeds, leases, transfers, contracts, bonds, notes, checks, drafts and other obligations made, accepted, or endorsed by the corporation shall be signed by the Chairman of the Board of Trustees or Treasurer.

6.2 Amendments. These Bylaws may be altered, amended, or repealed in whole or in part by vote of the Members eligible to vote.

6.3 Indemnification. The corporation shall, to the extent legally permissible under the laws of the State of New Hampshire and only to the extent that the status of the corporation as an organization exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as such may be amended from time to time, is not adversely affected thereby, indemnify each person who is or was a Member, Trustee, Officer, employee or agent of the corporation (including persons who serve or served at its request as Members, Trustees, Directors, Officers, employees or agents of another organization in which it has an interest), with any and all such persons hereinafter sometimes referred to as "person" or "persons," against all liabilities and expenses, including amounts paid in satisfaction of judgments, as fines and penalties, and counsel fees, reasonably incurred by him or her in connection with the defense or disposition of any action, suit or other proceeding, whether civil, criminal, administrative or otherwise, in which he or she may be involved or with which he or she may be threatened, while in office or thereafter, by reason of his or her being or having been associated with the corporation, only in accordance with the terms of this Section 6.3.

The right of indemnification hereby provided shall not be exclusive of or affect any other rights to which any Member, Trustee, Officer, employee or agent of the corporation may be entitled. Nothing contained herein shall affect any rights to indemnification to which corporate personnel may be entitled by contract or otherwise under law. As used in this paragraph, the terms "Member," "Trustee," "Officer," "employee" and "agent" include their respective heirs, executors, and administrators.

The corporation will not indemnify any such person in connection with (a) any matter or proceeding by or in the right of the corporation in which the person was adjudged liable to the corporation, or (b) any matter or proceeding charging improper personal benefit to the person in the person's official capacity, in which that person was adjudged liable on the basis that personal benefit was improperly received by that person or (c)any matter or proceeding as to which the person shall have been found not to have acted in good faith.

The corporation will indemnify any such person under the terms of this Section 6.3 and the circumstances set forth in NH RSA 293-A:8.51 Authority to Indemnify (a) and (b), if authorized either by a court of competent jurisdiction or pursuant to NH RSA 293-A:8.55 Determination and Authorization of Indemnification.

6.4 Nondiscrimination Policy. The policy of the corporation prohibits discrimination on the basis of sex, religion, color, creed, national or ethnic origin, or marital or parental status in

the recruitment and employment of employees, in the awarding and acceptance of grants and funds, and in the operation of all programs and services.

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	$ 426,247	$	$ 426,247
MISCELLANEOUS INCOME	29,335		29,335
TOTAL	$ 455,582	$ 0	$ 455,582

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT LEGAL FEES	$ 400	$	$	$ 400
TOTAL	$ 400	$ 0	$ 0	$ 400

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	$ 28,250	$	$	$ 27,250
TOTAL	$ 28,250	$ 0	$ 0	$ 27,250

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT CONSULTANTS	$ 58,226	$ 53,799	$	$ 4,510
BENEFITS ADMINISTRATOR				
TOTAL	$ 58,226	$ 53,799	$ 0	$ 4,510

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	$ 10,779	$	$	$
TOTAL	$ 10,779	$ 0	$ 0	$ 0

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

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
DEPRECIATION		$	$			$ 955	$	$
TOTAL		$ 0	$ 0			$ 955	$ 0	$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	$	$	$	$
COMMUNITY CAMPUS RENT				
WAGES	181,785		58,023	123,762
PAYROLL RELATED EXPENSES	74,401		23,748	50,653
CONSULTANTS	14,968		4,778	10,190
MEETING EXPENSE	1,863		595	1,268
OFFICE EXPENSE	1,185		378	807
ENVIRONMENTAL SERVICES	2,279		727	1,552
FINANCING COSTS	74,911		23,910	51,001
COMMUNICATIONS	4,193		1,338	2,855
COLLABORATIVE PROJECTS & TECH	14,938		4,768	10,170
SECURITY	8,248		2,633	5,615
SUPPLIES	47,254		15,083	32,171
EXPENSES				

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
COMMUNITY CAMPUS FOOD SERVICE	$ 36,000	$	$	$ 36,000
ADJUST COMMUNITY CAMPUS EXPENSES FROM ACCRUAL TO CASH				-1,973
OFFICE	8,591			9,156
POSTAGE	1,591			1,574
EQUIPMENT MAINTENANCE	4,009			4,009
DUES & SUBSCRIPTIONS	652			816
INSURANCE	12,785			12,785
TRUST MANAGEMENT FEES	25,082	25,082		
STATE FILING FEES	150			150
HCA COMPLIANCE	3,939,465			4,205,167
TOTAL	$ 4,454,350	$ 25,082	$ 135,981	$ 4,557,728

Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 8,642,833	$ 3,797,805	MARKET	$ 3,797,805
TOTAL	$ 8,642,833	$ 3,797,805		$ 3,797,805

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 18,123,496	$ 21,985,078	MARKET	$ 21,985,078
TOTAL	$ 18,123,496	$ 21,985,078		$ 21,985,078

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 8,924,569	$ 4,334,291	MARKET	$ 4,334,291
TOTAL	$ 8,924,569	$ 4,334,291		$ 4,334,291

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)	$ 204,995	$ 1,373,993	$ 1,179,502	$ 194,491
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	1,393,409	2,997,405	1,801,538	1,195,867
FACILITY - PHASE I	7,326,116	10,129,871	3,057,001	7,072,870
TOTAL	$ 11,931,100	$ 17,507,849	$ 6,038,041	$ 11,469,808

Foundation for Seacoast Health **02-0386319**

Form 990PF-12/31/11

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

	Investments/Govt Obligations	BOOK VALUE	MARKET VALUE
Other US Government Investments:			
103,771.197	Vanguard Intermediate Treasury Fund	1,215,102.99	1.214,123.00
93.240.072	Vanguard Inflation-Protected Securities Fund	2,146,323.92	2,583.682 40
	Other US Government Investments:	**$3,361,426.91**	**$3,797,805.40**

Foundation for Seacoast Health **02-0386319**

Form 990PF-12/31/11

Part II, Line 10c, Investments/Bonds:

	Investments/Bonds	BOOK VALUE	MARKET VALUE
Fixed Income Funds:			
104,955.048	Loomis Sayles Corporate Bond Fund	1.286,920.32	1,491,411.23
95.041.091	Colchester Global Fixed Income Fund	2,676,310.74	2.842,880.00
	Fixed Income Funds	**$3,963,231.06**	**$4,334,291.23**

Foundation for Seacoast Health **02-0386319**

Form 990PF-12/31/11

Part II, Line 10b, Investments/Corporate Stock

	Investments/Corporate Stock	BOOK VALUE	MARKET VALUE
Equity Funds:			
76,079.380	Dodge & Cox International Stock Fund	2,171,406.12	1,956,582.23
104,936.581	Artisan International Institutional Fund	3,011,479.38	2,091,386.06
83,338 75	Vanguard Total Stock Market Index Fund (Signal)	2,158,335.11	2,517.663.73
70,729.35	Thornburg Value Fund	2.245,571.04	2.114,100.39
35,834.61	Eaton Vance Emerging Markets Fund	1,822,265.27	1,478.535.84
16,238.41	T. Rowe Price Balanced Fund (Perm Restricted)	294,787.79	307.555.39
11,236.75	T. Rowe Price Balanced Fund (Indigent)	194,982 41	212,823 95
	Total Equity Funds	**11,898,827.12**	**10,678,647.59**
Flexible Capital Investments:			
70 959	TIFF Absolute Return Pool Fund-Class A Shares	119,968.46	244,971.00
1,030.934	TIFF Absolute Return Pool Fund-Class B Shares	3,618,276.22	3.489,845.00
3.500.000	Forester Diversified. Ltd	3,500,000 00	3,560,060.00
	Total Flexible Capital Investments	**7,238,244.68**	**7,294,876.00**
Inflation Hedging Investments:			
18.407.976	Vanguard Energy Fund (Admiral)	2,373.238.05	2.072.369.94
1,872.546	Blackstone Resource Fund	2.250.000.00	1,939,184.36
	Total Inflation Hedging Investments	**4,623,238.05**	**4,011,554.30**
	TOTAL EQUITIES	**$23,760,309.85**	**$21,985,077.89**

FOUNDATION FOR SEACOAST HEALTH

FIXED ASSETS - 2011

FOUNDATION ASSETS	ASSET LIFE	DATE ACQUIRED	COST	DEPREC METHOD	PRIOR DEPREC	2011 DEPREC	12/31/11 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	1,714.69	S	1,400.42	314.27	0.00
Dell 64 bit Windows7 Vostro 430	5 yrs	11/10	1,307.00	S	43.56	261.36	1,002.08
Dell 32-bit Windows7 Vostro 430	5 yrs	11/10	1,898.24	S	63.28	379.68	1,455.28
Total FSH Computer Eqpt			**4,919.93**		**1,507.26**	**955.31**	**2,457.36**
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	1,325.00	175.00	0.00
Server Upgrades	5 yrs	4/08-2/28/09	12,464.80	S	4,570.42	2,492.96	5,401.42
Total Campus Computer Eqpt			**37,193.85**		**29,124.47**	**2,667.96**	**5,401.42**
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	2011 DEPREC	12/31/11 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	1,999 99	0 00	0 00
Floor Scrubber	5 yrs	12/06	4,296 00	S	3,508 40	787 60	0 00
Utility Tractor	5 yrs	8/07	2,999 99	S	2,049 18	599 76	351 05
Storage Container	7 yrs	10/07	7,680 60	S	3,566 16	1,097 28	3,017 16
Total Other Campus Equipt			**164,703.67**		**158,850.82**	**2,484.64**	**3,368.21**
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	8,186 32	0 00	0 00
9x12 Oriental Carpet	7 yrs	11/03	14,000 00	S	14,000 00	0 00	0 00
Condenser Modifications	7 yrs	5/05	11,240 60	S	9,099 53	1,605 80	535 27
Carpet	7 yrs	6/05	2,268 00	S	1,809 00	324 00	135 00
Handicapped Access Doors	7 yrs	12/30/05	3,333 15	S	2,380 80	476 16	476 19
Countertops/Cabinets	7 yrs	12/30/05	11,832 37	S	8,451 70	1,690 34	1,690 33
Carpet	7 years	12/30/05	13,303 00	S	9,502 15	1,900 43	1,900 42
HVAC Improvements/Upgrades	7 years	5/06	50,415 00	S	33,610 00	7,202 14	9,602 86
Countertops-New Heights	7 yrs	8/06	4,289 50	S	2,706 50	612 80	970 20
Lightning Arrestor	7 yrs	10/06	3,950 00	S	2,398 03	564 24	987 73
Carpet/Tile	7 yrs	6/06	6,578 00	S	4,307 01	939 71	1,331 28
Snow Dams	7 yrs	7/06	8,140 00	S	5,329 77	1,162 86	1,647 37
Water Heater-1	7 yrs	12/06	32,370 00	S	18,882 64	4,624 32	8,863 04
Carpeting-Stairs	7 yrs	7/1/07	5,126 00	S	2,562 84	732 24	1,830 92
Water Heater-2	7 yrs	7/1/07	32,745 00	S	16,372 44	4,677 84	11,694 72
Poles/Bollards	7 yrs	8-9/07	5,248 85	S	2,499 41	749 83	1,999 61
Gymnasium Lights	7 yrs	9/07	11,320 00	S	5,390 40	1,617 12	4,312 48
Condenser Relocation	7 yrs	10/07	2,713 00	S	1,259 70	387 60	1,065 70
Stone Wall Repair	7 yrs	12/07	5,600 00	S	2,466 79	800 04	2,333 17
Lighting	7 yrs	12/07	5,797 15	S	2,558 18	829 68	2,409 29
Ladder System	7 yrs	12/07	10,450 00	S	4,602 80	1,492 80	4,354 40
Carpet-Upstairs Hallway	7 yrs	12/07-7/08	26,828 00	S	5,748 84	7,665 15	13,414 01
Gutter Upgrade	7 yrs	2/26/09	5,590 00	S	1,464 05	798 57	3,327 38
Stone Wall-Children's Playground	7 yrs	8/09	14,108 80	S	2,855 35	2,015 55	9,237 90
Kitchen Wall Upgrade	7 yrs	8/09-9/09	3,949 51	S	752 32	564 24	2,632 95
Compressor #1	7 yrs	9/09	7,795 00	S	1,484 80	1,113 60	5,196 60
Compressor #2	7 yrs	9/10	7,395 00	S	352 16	1,056 48	5,986 36
Gutters-Families First Entrance	7 yrs	9/10	4,260 00	S	202 84	608 52	3,448 64
Sump Pump Replacement	7 yrs	9/10	5,048 95	S	180 33	721 32	4,147 30
Masonry Work/Wall Caps	7 yrs	10/10	6,600 00	S	235 71	942 84	5,421 45
Water Pumps/Control Board	7 yrs	10/10	10,604 15	S	378 72	1,514 88	8,710 55
Re-Caulk Windows-FF Wing	7 yrs	10/10	7,480 00	S	267 14	1,068 60	6,144 26
Water Softner System	7 yrs	2/11	4,210 00	S		451 08	3,758 92
Carpet-FF Hallway/Waiting Room	7 yrs	5/11	16,579 00	S		1,578 96	15,000 04
Re-caulk Windows-Stone Buildin	7 yrs	6/11	9,615 00	S		801 22	8,813 78
Masonry Work-Gymnasium Side	7 yrs	7/11	6,250 00	S		446 40	5,803 60
Total Campus Fixtures			**461,021.48**		**248,100.40**	**53,737.36**	**159,183.72**

CAMPUS ASSETS Kitchen Furnishings	ASSET LIFE	DATE ACQUIRED	COST	DEPREC METHOD	PRIOR DEPREC	2011 DEPREC	12/31/11 VALUE
Kitchen Equipment	7 yrs	10/99	148,681.88	MACRS	148,681.88	0.00	0.00
[redacted]							
Heater/Installation	7 yrs	5/06	3,436.26	S	2.290.40	490.80	655.06
Cash Register	7 yrs	6/06	2,125.50	S	1,391.69	303.64	430.17
Dishwasher Heating Element	7 yrs	10/06	3,014.38	S	1,830.38	430.68	753.32
Oven	7 yrs	9/08	6,270.00	S	2,089.98	895.71	3,284.31
Drop-in Units-Display	7 yrs	10/09	1,135.00	S	202.65	162.12	770.23
Ice Machine	7 yrs	9/10	3,377.77	S	160.84	482.52	2,734.41
Garbage Disposal	7 yrs	4/11	3,052.00	S		326.97	2,725.03
Appliances-Teaching Kitchen	7 yrs	4/11	2,047.00	S		219.33	1,827.67
Teaching Kitchen Renovations	7 yrs	5/11	12,047.51	S		1,147.36	10,900.15
Total Kitchen Furnishings			**170,637.30**		**142,097.82**	**4,459.13**	**24,080.35**
Facility							
Facility - Phase I	40 yrs	As of 12/99	9,577,619.51	S	2,643,822.08	239,440.49	6,694,356.94
Construction Period Interest	40 yrs	As of 12/99	518,266.10	S	150,763.38	12,956.65	354,546.07
Additional Facility Costs	39 yrs	3/00	33,985.00	S	9,168.92	849.63	23,966.45
Total Facility			**10,129,870.61**		**2,803,754.38**	**253,246.77**	**7,072,869.46**
Land Improvements							
Land Improvements	15 yrs	As of 12/99	1,847,291.60	S	1,416,256.87	123,152.77	307,881.96
Misc Land Improvements	15 yrs	6/00	19,230.47	S	13,461.32	1,282.03	4,487.12
Misc Land Improvements	15 yrs	7/00	19,718.63	S	13,803.09	1,314.58	4,600.96
Misc Land Improvements	15 yrs	8/00	32,782.89	S	22,948.06	2,185.53	7,649.30
Misc Land Improvements	15 yrs	9/00	17,871.61	S	12,510.12	1,191.44	4,170.05
Misc Land Improvements	15 yrs	10/00	10,400.00	S	7,279.97	693.33	2,426.70
Misc Land Improvements	15 yrs	11/00	20,152.94	S	14,107.06	1,343.53	4,702.35
Improvements - Quarry Rd	15 yrs	5/31-12/31/01	8,299.06	S	5,163.85	553.27	2,581.94
Improvements-Walking Trails	15 yrs	7/31-12/31/01	25,142.96	S	15,365.17	1,676.20	8,101.59
Improvements-Jap Garden	15 yrs	3/1-5/31/02	5,961.25	S	3,411.19	397.42	2,152.64
Improvements-Site B	15 yrs	5/1/05-9/30/09	956,271.24	S	79,689.30	63,751.44	812.830.50
Improvements-Quarry Road	Ongoing	1/1/08-	34,282.30	S			34,282.30
Total Land Improvements			**2,997,404.95**		**1,603,996.00**	**197,541.54**	**1,195,867.41**

New Equipment

Retired/Disposed Equipment

Federal Statements

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

Description	Beginning of Year	End of Year	Fair Market Value
DEFERRED FINANCING COSTS	$ 124,336	$ 114,687	$ 114,687
PREPAID FEDERAL TAXES	2,183	24,021	24,021
TOTAL	$ 126,519	$ 138,708	$ 138,708

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

Description	Beginning of Year	End of Year
SALARIES/PAYROLL TAXES PAYABLE	$ 6,508	$ 6,509
TOTAL	$ 6,508	$ 6,509

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

Description	Amount
SFAS 124 FMV - 2011 GAIN(LOSS)	$ -967,793
TOTAL	$ -967,793

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

Description	Amount
SFAS 124 FMV - 2010 GAIN(LOSS) - REVERSAL	$ 1,123,601
TOTAL	$ 1,123,601

Federal Statements

Foreign Country in which Financial Account is Held

Country Code	Name
CJ	CAYMAN ISLANDS

Federal Statements

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

Description

SEE ATTACHED BROCHURES

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

Description

SEE ATTACHED BROCHURES

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

Description

SEE ATTACHED BROCHURES

FOUNDATION FOR SEACOAST HEALTH

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

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

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

603 422 8200
ffsh@communitycampus org

Grant Programs

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

Continuing Operational Grants

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

INFANTS, CHLDREN AND ADOLESCENT PROGRAMS - October 1st

PROMOTING HEALTH AND PREVENTING DISEASE - October 1st

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

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

Download application & reporting forms:

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

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

TO CONTINUE EXISTING OPERATION GRANTS PROPOSAL COMPONENTS

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

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

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

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

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

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

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

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

8. Describe the cost/benefit of your program.

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

program to have on your community?

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

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

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

ATTACHMENTS

With all proposals, please attach in the following order:

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

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

PROPOSAL COVER SHEET

Please type your response or duplicate this form on your computer

Date:

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

Address: **E-mail Address:**

CEO/ExecutiveDirector:

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

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

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

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

Total Operating Budget: $

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

PLEASE PROVIDE BRIEF DESCRIPTION OF PROPOSED PROJECT:

☐
☐
☐
☐
☐

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

ORGANIZATION PROFILE

Describe current services provided by the applicant organization:

Geographical area served:

Year founded:

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

Number of Directors/Trustees:

Number of Volunteers:

Other: (describe)

FINANCIAL SUMMARY

Provide information from most recent audit or annual financial statement:

Last Fiscal Year (FY) ended date $ _____

Last FY total expenditures * $ _____

Last FY total income $ _____

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

☐ _____

☐ _____

☐ _____

☐ _____

Total Net Assets $ _____

Current (Projected) FY

Operating budget $ _____

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

PROJECT REVENUE AND EXPENSE BUDGET

Dates:_____ to_____

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

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

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

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

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

FOUNDATION
for Seacoast Health

Foundation Offices at the Community Campus

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

GRANT REPORT

Organization: _____

Grant: _____

Reporting Period: _____

Form completed by: _____

Please use this checklist when submitting this report:

☐ *Report narrative. Please use this form, or duplicate this form on your computer.*

☐ *Grant expense statement. Please use attached form*

☐ *Updated progress report regarding the overall agency or program's financial plan including budget, actuals, and variance with explanation of variance.*

☐ *Appendix· Addenda may include photographs, letters, public relations, marketing or development materials referenced in the report narrative*

REPORT NARRATIVE

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

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

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

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

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

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

FOUNDATION FOR SEACOAST HEALTH

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

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

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

603 422.8200
ffsh@communitycampus.org

Scholarship Program

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

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

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

Edwina Foye Award for Outstanding Graduate Student

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

Steven Cutter Award for Outstanding Undergraduate Student

The Steven Scott Cutter scholarship was established by the Board of Trustees in 1999 in memory of Steven, son of Nancy L. Cutter, Foundation for Seacoast Health Administration Executive. Steven was a 1989 graduate of St. Thomas

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

Eligibility

To be eligible for award consideration, applicants continuously must have been and continue to be a resident of one (or more) of the following communities (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, New Hampshire; or, Kittery, Eliot, or York, Maine for a minimum of two (2) years (January 2009-Present) prior to the 2011-2012 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 March 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 2005 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:

- **2011 Scholarship Application**
- **2011 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, March 1st.

FOUNDATION
for Seacoast Health

FOR OFFICIAL USE

DATE RECEIVED

CANDIDATE #

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

SCHOLARSHIP PROGRAM APPLICATION

SUBMISSION DEADLINE

MARCH 1, 2011

GENERAL INFORMATION

STUDENT NAME _____
Last First MI

PERMANENT RESIDENCE _____
Street

_____
City State Zip

E-MAIL ADDRESS _____

PREFERRED MAILING ADDRESS _____
Street

_____
City State Zip

CURRENT TELEPHONE _____ _____ _____
Home Work School

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

STUDENT STATUS (check one)
Graduate ☐ Undergraduate ☐ Non-Degree ☐ Traditional ☐ *Non-Traditional ☐ Full-Time ☐ **Part Time ☐
If you are a non-traditional* (an individual returning to school after and extended absence) or a part-time** student please answer the following:

*Non-Traditional
_____No of Years Since Last Enrolled

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

FOR SCHOOL OFFICIAL ONLY

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

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

If not using computer, please type or print.

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

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

THROUGH THE FOLLOWING COURSE OF STUDY _____
(Major)

_____ _____
School Official's Signature Daytime Telephone Number

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

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

If not using a computer, please print or type

EDUCATIONAL INFORMATION

Current or proposed health-related field of study_____

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

School _____City_____State_____

Projected year in program, beginning in September 2011 – June 2012: ( )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 2005 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 2005 **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
- Any notable awards, honors, or citations received
- All volunteer activities
- Employment experience, positions held, & names of employers

PERSONAL INFORMATION

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

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

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

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

ESSAY

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

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

ESTIMATED SCHOOL COSTS

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

ADDITIONAL FINANCIAL INFORMATION (OPTIONAL)

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

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

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

CANDIDATE DEPENDENCY STATUS: Dependent _____ Independent _____

PARENT (or Spouse) INFORMATION

Adjusted gross income $_____

Total income tax paid $_____

Income earned from work by

Father $_____

Mother $_____

Your Spouse (if applicable) $_____

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

Medical/dental expenses not covered by insurance $_____

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

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

STUDENT INFORMATION

Adjusted gross income $_____

Total income tax paid $_____

Income earned from work by

You $_____

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

Medical/dental expenses not covered by insurance $_____

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

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

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

Age of Older Parent _____ Number in Family _____

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

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

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

School you plan to or are attending: _____

Address: _____

CERTIFICATION STATEMENT

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

Applicant Signature: _____ Date: _____

AFFIDAVIT TO BE COMPLETED REGARDING DOMICILE AND RESIDENCE

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

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

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

I understand that one of the requirements to qualify as a Foundation for Seacoast Health scholarship applicant is that I continuously must have been and continue to be legally domiciled in one or more of the following communities in the Foundation area (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, NH, or Kittery, Eliot, or York, ME) for a minimum of two (2) consecutive years beginning with January, 2009 to the present

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

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

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

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

_____ _____
(Witness) (Student's Signature)

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

In order to be eligible the applicant continuously must have been and continue to be a resident of one of the following communities (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, New Hampshire, or Kittery, Eliot, or York, Maine) for a minimum of two (2) calendar years (January 2009 - Present) prior to the 2011-2012 Scholarship Program

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

The Foundation for Seacoast Health reserves the right not to process applications found to be incomplete as of the application deadline, **March 1, 2011**

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

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

_____ _____
Student's Signature Date

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

FOUNDATION FOR SEACOAST HEALTH
2011 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 March 1, 2011 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)