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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

**2012**

Open to Public Inspection

For calendar year 2012 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) | Room/suite

100 CAMPUS DRIVE, SUITE 1

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 ▶ ☐

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) ▶ $ 44,348,114

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) | 830 | | | |
| | 2 | Check ▶ ☒ if the foundation is **not** required to attach Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | 9 | 9 | | |
| | 4 | Dividends and interest from securities | 464,927 | 464,927 | | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 531,405 | | | |
| | b | Gross sales price for all assets on line 6a 6,616,271 | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 531,405 | | |
| | 8 | Net short-term capital gain | | | 0 | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less: Cost of goods sold | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) STMT 1 | 433,288 | | 433,288 | |
| | 12 | **Total.** Add lines 1 through 11 | 1,430,459 | 996,341 | 433,288 | |
| Operating and Administrative Expenses | 13 | Compensation of officers, directors, trustees, etc | 144,094 | 13,177 | | 118,883 |
| | 14 | Other employee salaries and wages | | | | |
| | 15 | Pension plans, employee benefits | 54,426 | 6,449 | | 48,216 |
| | 16a | Legal fees (attach schedule) SEE STMT 2 | 4,986 | | 1,150 | 3,836 |
| | b | Accounting fees (attach schedule) STMT 3 | 26,700 | | | 26,700 |
| | c | Other professional fees (attach schedule) STMT 4 | 54,688 | 49,448 | | 5,238 |
| | 17 | Interest | 38,223 | | 11,947 | 26,893 |
| | 18 | Taxes (attach schedule) (see instructions) STMT 5 | 18,088 | | | |
| | 19 | Depreciation (attach schedule) and depletion STMT 6 | 515,680 | | 160,984 | |
| | 20 | Occupancy | 2,390 | | | 2,390 |
| | 21 | Travel, conferences, and meetings | 7,948 | | | 8,146 |
| | 22 | Printing and publications | 7,684 | | | 7,825 |
| | 23 | Other expenses (att. sch ) STMT 7 | 1,290,962 | 22,876 | 259,207 | 978,717 |
| | 24 | **Total operating and administrative expenses.** Add lines 13 through 23 | 2,165,869 | 91,950 | 433,288 | 1,226,844 |
| | 25 | Contributions, gifts, grants paid | 726,690 | | | 733,040 |
| | 26 | **Total expenses and disbursements.** Add lines 24 and 25 | 2,892,559 | 91,950 | 433,288 | 1,959,884 |
| | 27 | Subtract line 26 from line 12. | | | | |
| | a | **Excess of revenue over expenses and disbursements** | -1,462,100 | | | |
| | b | **Net investment income** (if negative, enter -0-) | | 904,391 | | |
| | c | **Adjusted net income** (if negative, enter -0-) | | | 0 | |

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Form **990-PF** (2012)

5-14

| Part II Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year (a) Book Value | End of year (b) Book Value | End of year (c) Fair Market Value |
|---|---|---|---|---|
| Assets 1 | Cash – non-interest-bearing | 943,496 | 644,965 | 644,965 |
| 2 | Savings and temporary cash investments | 8,384 | 8,392 | 8,392 |
| 3 | Accounts receivable ▶ 583,892 | | | |
| | Less: allowance for doubtful accounts ▶ | 709,126 | 583,892 | 583,892 |
| 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 | | 7,673 | 7,673 |
| 10a | Investments – U.S. and state government obligations (attach schedule) STMT 8 | 3,797,805 | 3,012,826 | 3,012,826 |
| b | Investments – corporate stock (attach schedule) SEE STMT 9 | 21,985,078 | 23,469,133 | 23,469,133 |
| c | Investments – corporate bonds (attach schedule) SEE STMT 10 | 4,334,291 | 5,404,033 | 5,404,033 |
| 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 ▶ 17,546,344 | | | |
| | Less accumulated depreciation (attach sch ) ▶ STMT 11 6,531,235 | 11,469,808 | 11,015,109 | 11,015,109 |
| 15 | Other assets (describe ▶ SEE STATEMENT 12 ) | 138,708 | 202,091 | 202,091 |
| 16 | **Total assets** (to be completed by all filers – see the instructions Also, see page 1, item I) | 43,386,696 | 44,348,114 | 44,348,114 |
| Liabilities 17 | Accounts payable and accrued expenses | 110,735 | 149,315 | |
| 18 | Grants payable | 12,500 | 6,000 | |
| 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 ) | 6,509 | 20,757 | |
| 23 | **Total liabilities** (add lines 17 through 22) | 11,924,744 | 11,971,072 | |
| 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 | 30,933,188 | 31,836,665 | |
| 25 | Temporarily restricted | 233,976 | 260,657 | |
| 26 | Permanently restricted | 294,788 | 279,720 | |
| | **Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.** | | | |
| 27 | Capital stock, trust principal, or current funds | | | |
| 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| 30 | **Total net assets or fund balances** (see instructions) | 31,461,952 | 32,377,042 | |
| 31 | **Total liabilities and net assets/fund balances** (see instructions) | 43,386,696 | 44,348,114 | |

## 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 | 31,461,952 |
| 2 | Enter amount from Part I, line 27a | 2 | -1,462,100 |
| 3 | Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 14 | 3 | 1,409,397 |
| 4 | Add lines 1, 2, and 3 | 4 | 31,409,249 |
| 5 | Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 15 | 5 | -967,793 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 32,377,042 |

## 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 | 531,405 |
| 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 | -25 |

## 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)) |
|---|---|---|---|
| 2011 | 5,877,132 | 34,435,144 | 0.170672 |
| 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 |

| | | | |
|---|---|---|---|
| 2 | Total of line 1, column (d) | 2 | 0.509899 |
| 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 | 0.101980 |
| 4 | Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 | 4 | 32,086,883 |
| 5 | Multiply line 4 by line 3 | 5 | 3,272,220 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 9,044 |
| 7 | Add lines 5 and 6 | 7 | 3,281,264 |
| 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 | 2,020,865 |

**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 | 18,088 |
| 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 | 18,088 |
| 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 | 18,088 |
| 6 | Credits/Payments. | | | |
| a | 2012 estimated tax payments and 2011 overpayment credited to 2012 | 6a 24,021 | | |
| 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 | 24,021 |
| 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 | 5,933 |
| 11 | Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ 5,933 **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 Instructions for the definition)? If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | 1b | | X |
| 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 2012 or the taxable year beginning in 2012 (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 2012, 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**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | During the year did the foundation (either directly or indirectly): | | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | ☐ 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 2012? | | | 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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? | ☐ 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 2012 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 2012.) | | | 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 2012? | | | | 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)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | 5b | X |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d). | N/A ☐ Yes | ☐ No | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | ☐ Yes | ☒ No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | | | 6b | X |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | ☐ Yes | ☒ No | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | N/A | | 7b | |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see 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<br>100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801 | ADMIN. EXEC.<br>20.00 | 43,923 | 21,553 | 0 |
| DEBRA S. GRABOWSKI<br>100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801 | EXEC. DIR.<br>32.00 | 100,171 | 32,043 | 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<br>100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801 | ADMIN. COORD<br>40.00 | 31,979 | 20,604 | 0 |
| ELIGIO SANTANA<br>100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801 | FACILITY SUP<br>40.00 | 53,313 | 7,719 | 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<br>28 STATE STREET BOSTON MA 02109 | LEGAL RE: HCA | 139,862 |
| WHALEBACK ASSOCIATES, LLC<br>PO BOX 2074 NEW CASTLE NH 03854 | CONSULTANT | 68,446 |
| SMITH LEE NEBENZAHL, LLC<br>ONE POST OFFICE SQUARE SHARON MA 02067 | LEGAL RE: HCA | 61,645 |
| DEVINE, MILLIMET & BRANCH, PA<br>300 BRICKSTONE SQUARE, PO BOX 39 ANDOVER MA 01810 | LEGAL RE: HCA | 54,625 |
| | | |

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<br>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 | 31,702,886 |
| b | Average of monthly cash balances | | 1b | 872,630 |
| c | Fair market value of all other assets (see instructions) | | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | | 1d | 32,575,516 |
| 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 | 32,575,516 |
| 4 | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) | | 4 | 488,633 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4 | | 5 | 32,086,883 |
| 6 | **Minimum investment return.** Enter 5% of line 5 | | 6 | 1,604,344 |

**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 | 1,604,344 |
| 2a | Tax on investment income for 2012 from Part VI, line 5 | 2a | 18,088 | | |
| b | Income tax for 2012. (This does not include the tax from Part VI ) | 2b | | | |
| c | Add lines 2a and 2b | | | 2c | 18,088 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | | 3 | 1,586,256 |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | |
| 5 | Add lines 3 and 4 | | | 5 | 1,586,256 |
| 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 | 1,586,256 |

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

| | | | |
|---|---|---|---|
| 1 | *Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:* | | |
| a | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1a | 1,959,884 |
| 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 | 60,981 |
| 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 | 2,020,865 |
| 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 | 0 |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4 | 6 | 2,020,865 |

**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 2011 | (c) 2011 | (d) 2012 |
|---|---|---|---|---|---|
| 1 | Distributable amount for 2012 from Part XI, line 7 | | | | 1,586,256 |
| 2 | Undistributed income, if any, as of the end of 2012: | | | | |
| a | Enter amount for 2011 only | | | | |
| b | Total for prior years: 20____ , 20____ , 20____ | | | | |
| 3 | Excess distributions carryover, if any, to 2012: | | | | |
| a | From 2007 1,279,744 | | | | |
| b | From 2008 1,254,565 | | | | |
| c | From 2009 2,523,780 | | | | |
| d | From 2010 1,273,584 | | | | |
| e | From 2011 4,176,933 | | | | |
| f | Total of lines 3a through e | 10,508,606 | | | |
| 4 | Qualifying distributions for 2012 from Part XII, line 4: ▶ $ 2,020,865 | | | | |
| a | Applied to 2011, 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 2012 distributable amount | | | | 1,586,256 |
| e | Remaining amount distributed out of corpus | 434,609 | | | |
| 5 | Excess distributions carryover applied to 2012 (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 | 10,943,215 | | | |
| 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 2011 Subtract line 4a from line 2a. Taxable amount – see instructions | | | | |
| f | Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 | | | | 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 2007 not applied on line 5 or line 7 (see instructions) | 1,279,744 | | | |
| 9 | **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a | 9,663,471 | | | |
| 10 | Analysis of line 9. | | | | |
| a | Excess from 2008 1,254,565 | | | | |
| b | Excess from 2009 2,523,780 | | | | |
| c | Excess from 2010 1,273,584 | | | | |
| d | Excess from 2011 4,176,933 | | | | |
| e | Excess from 2012 434,609 | | | | |

**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 2012, 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) 2012 | (b) 2011 | (c) 2010 | (d) 2009 | |
| 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 or e-mail 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) | 6,000 |
| 2012 GRANTS PAID | | | | |
| | | | (SEE SCHEDULE) | 714,500 |
| 2011 GIFTS/CONTRIBUTIONS PAID | | | | |
| | | | (SEE SCHEDULE) | 350 |
| 2012 GIFTS/CONTRIBUTIONS PAID | | | | |
| | | | (SEE SCHEDULE) | 2,190 |
| 2012 SCHOLARSHIPS PAID | | | | |
| | | | (SEE SCHEDULE) | 10,000 |
| Total | | | ▶ 3a | 733,040 |
| b Approved for future payment | | | | |
| 2012 GRANTS ACCRUED | | | | |
| | | | (SEE SCHEDULE) | 6,000 |
| Total | | | ▶ 3b | 6,000 |

## 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 | 433,288 | |
| 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 | 9 | |
| 4 Dividends and interest from securities | | | 14 | 464,927 | |
| 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 | 531,405 | |
| 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 | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0 | | 1,429,629 | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1,429,629 |

(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 nonchantable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| N/A | | | |

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

b If "Yes," complete the following schedule.

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

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: 3/25/13 — 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 | 03/20/13 | |

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

### Scholarships

### Period Ended December 31, 2012

| No. | Name | Balance Due 2012 | Awarded 2012 | Declined/Withdrew/ Rescinded-2012 | Paid 2012 | Balance Due 2013 |
|---|---|---|---|---|---|---|
| 27-002 | Emily O Runyan | 0 00 | 1,000 00 | 0 00 | 1,000 00 | 0 00 |
| 27-003 | Ian R Barrows | 0 00 | 2,500 00 | 0 00 | 2,500 00 | 0 00 |
| 27-005 | Cara M. McEachern | 0 00 | 1,000 00 | 0 00 | 1,000 00 | 0 00 |
| 27-007 | Max L Esposito | 0 00 | 1,000 00 | 0 00 | 1,000 00 | 0 00 |
| 27-008 | Emily I Koester | 0 00 | 1,000 00 | 0 00 | 1,000 00 | 0 00 |
| 27-011 | Grant Mauer | 0 00 | 1,000 00 | 0 00 | 1,000 00 | 0 00 |
| 27-015 | Selena J Lorrey | 0 00 | 2,500 00 | 0 00 | 2,500 00 | 0 00 |
| **TOTALS** | | **$0.00** | **$10,000.00** | **$0.00** | **$10,000.00** | **$0.00** |

## FOUNDATION FOR SEACOAST HEALTH

### Grants/Gifts/Donations

### Year Ended December 31, 2012

| No. | Name | Project | Balance 2012 | Awarded 2012 | Paid 2012 | Balance 2012 |
|---|---|---|---|---|---|---|
| | NH Center for Nonprofits | Membership Fee | | 640 00 | 640 00 | 0 00 |
| | NH Center for Nonprofits | Network Membership | 350 00 | 0 00 | 350 00 | 0 00 |
| | Friends Forever | Misc Donation | | 1,250 00 | 1,250 00 | 0 00 |
| | NewHeights Adventures for Teens | Misc Donation | | 200 00 | 200 00 | 0 00 |
| | Parkinson Disease Foundation | Misc Donation | | 100 00 | 100 00 | 0 00 |
| | Rockingham Community Action | Seniors Count of the Seacoast | 7,500 00 | 0 00 | 4,000 00 | 0 00 |
| | | Partial grant rescinded | | (3,500 00) | | |
| | Mark Wentworth Home | Senior Planning | 5,000 00 | 0 00 | 2,000 00 | 0 00 |
| | | Grant monies returned | | (3,000 00) | | |
| | Families First/Greater Seacoast | Special Projects | | 6,000 00 | 0 00 | 6,000 00 |
| | New Heights Adventures for Teens | Technical Assistance | | 3,500 00 | 3,500 00 | 0 00 |
| MF-087 | Families First/Greater Seacoast | Comprehensive Health/Support Services | | 328,000 00 | 328,000 00 | 0 00 |
| 532ICA | Community Child Care Center | Wage Solutions | | 40,000 00 | 40,000 00 | 0 00 |
| 531ICA | New Heights Adventures for Teens | New Heights Program | | 343,000 00 | 343,000 00 | 0 00 |
| | **TOTALS** | | **12,850.00** | **716,190.00** | **723,040.00** | **6,000.00** |

FOUNDATION FOR SEACOAST HEALTH 02-0386319

Form 990PF - 12/31/12

Part XV, Line 3a Approved for Future Payment:

| NAME/ORGANIZATION | ADDRESS | PURPOSE OF GRANT | AMOUNT |
|---|---|---|---|
| Families First/Greater Seacoast | 100 Campus Drive<br>Portsmouth, NH 03801 | Special Projects - Seniors Luncheon,<br>Cervical Screenings, Weight Groups | 6,000.00 |
| | | | **$6,000.00** |

## FOUNDATION FOR SEACOAST HEALTH
## PROGRAM EXPENDITURES 2012

| PROGRAM | 2012 CARRYOVER AMOUNT | 2012 AMOUNT AWARDED | 2013 CARRYOVER AMOUNT | 2012 PAYOUT |
|---|---|---|---|---|
| Scholarships: | | | | |
| Graduate | | $2,500 00 | | $2,500 00 |
| Undergraduate | | 7,500 00 | | 7,500 00 |
| **TOTAL SCHOLARSHIPS** | **$0.00** | **$10,000.00** | **$0.00** | **$10,000.00** |
| Gifts/Contributions: | | | | |
| NH Center for Nonprofits | 350 00 | 640 00 | | 990 00 |
| New Heights Adventures for Teens | | 200 00 | | 200 00 |
| Parkinson Disease Foundation | | 100 00 | | 100 00 |
| Friends Forever | | 1,250 00 | | 1,250 00 |
| **Total Gifts/Contributions** | **$350.00** | **$2,190.00** | **$0.00** | **$2,540.00** |
| Medical Financial Assistance Grants: | | | | |
| MF087-Families First/Greater Seacoast | | 328,000 00 | | 328,000 00 |
| **Total Medical Financial Asst Grants** | **$0.00** | **$328,000.00** | **$0.00** | **$328,000.00** |
| Infants/Children/Adolescent Grants: | | | | |
| 530ICA-Community Child Care Center | | 40,000 00 | | 40,000 00 |
| 529ICA-New Heights Adventures for Teens | | 343,000 00 | | 343,000 00 |
| **Total Inf/Child/Adol Grants** | **$0.00** | **$383,000.00** | **$0.00** | **$383,000.00** |
| Collaborative/Technical Assistance/Project Grants. | | | | |
| Families First/Greater Seacoast | | 6,000 00 | 6,000 00 | 0 00 |
| New Heights Adventures for Teens | | 3,500 00 | | 3,500 00 |
| Mark Wentworth Home-Funds returned 2012 | 5,000 00 | (3,000 00) | | 2,000 00 |
| Rockingham Community Action-partial grant rescinded 2012 | 7,500 00 | (3,500 00) | | 4,000 00 |
| **Total Miscellaneous Grants** | **12,500.00** | **3,000.00** | **6,000.00** | **9,500.00** |
| **TOTAL GRANTS/CONTRIBUTIONS** | **12,850.00** | **716,190.00** | **6,000.00** | **723,040.00** |
| Other Qualifying Expenditures: | | | | |
| Collaborative/Leveraging Projects-Other Expenses | | 471 52 | | 471 52 |
| **TOTAL OTHER EXPENDITURES** | **0.00** | **471.52** | **0.00** | **471.52** |
| **TOTAL SCHOLARSHIPS/GRANTS/CONTRIBUTIONS/OTHEI** | **12,850.00** | **726,661.52** | **6,000.00** | **733,511.52** |

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

## BOARD OF TRUSTEES/OFFICERS - 2012

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

Jameson S. French
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Daniel C. Hoefle
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 E. Lyons, Jr.
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

Wendy J. Frosh
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

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

John J. Hebert
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Stephen H. Witt, Jr.
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

Sharon R. Weston
Foundation for Seacoast Health
100 Campus Drive, Suite 1
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Timothy J. Connors
Foundation for Seacoast Health
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

Anne C. Hodsdon
Foundation for Seacoast Health
100 Campus Drive, Suite 1
Portsmouth, NH 03801

## OFFICERS - 2012

Daniel C. Hoefle
**Chair**
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

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

Form **990-PF**

# Capital Gains and Losses for Tax on Investment Income

For calendar year 2012, or tax year beginning , and ending

**2012**

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) | 2000 FORESTER DIVERSIFIED FUND | P | 01/02/10 | 04/01/12 |
| (2) | 20935.101 VANGAURD INFLATION PROTECT | P | VARIOUS | 05/24/12 |
| (3) | 13157.350 COLCHESTER GLOBAL BOND FD | P | VARIOUS | 06/05/12 |
| (4) | 70667.826 THORNBURG VALUE CL FD | P | VARIOUS | 08/01/12 |
| (5) | 61.528 THORNBURG VALUE CL FD | P | 12/23/11 | 08/01/12 |
| (6) | 12842.466 VANGAURD INFLATION PROT | P | VARIOUS | 08/01/12 |
| (7) | 8406.894 ARTISAN INTL INSTITUTIONAL | P | VARIOUS | 11/02/12 |
| (8) | 70.959 TIFF ABSOLUTE RETURN POOL-CL | P | VARIOUS | 12/31/12 |
| (9) | TIFF ABSOLUTE RETURN POOL-CL B | P | 12/31/10 | 12/31/12 |
| (10) | T.ROWE PRICE BALANCED FUND | P | 03/26/10 | 12/14/12 |
| (11) | T.ROWE PRICE BALANCED FUND | P | 07/02/10 | 12/14/12 |
| (12) | CAPITAL GAINS DISTRIBUTION | | | |
| (13) | | | | |
| (14) | | | | |
| (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) | 2,225,635 | | 2,000,000 | 225,635 |
| (2) | 600,000 | | 482,196 | 117,804 |
| (3) | 400,000 | | 371,037 | 28,963 |
| (4) | 2,091,061 | | 2,243,725 | -152,664 |
| (5) | 1,821 | | 1,846 | -25 |
| (6) | 375,000 | | 295,968 | 79,032 |
| (7) | 200,000 | | 241,262 | -41,262 |
| (8) | 273,995 | | 119,968 | 154,027 |
| (9) | 300,000 | | 278,506 | 21,494 |
| (10) | 17,800 | | 15,997 | 1,803 |
| (11) | 40,000 | | 34,361 | 5,639 |
| (12) | 90,959 | | | 90,959 |
| (13) | | | | |
| (14) | | | | |
| (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) | | | | 225,635 |
| (2) | | | | 117,804 |
| (3) | | | | 28,963 |
| (4) | | | | -152,664 |
| (5) | | | | -25 |
| (6) | | | | 79,032 |
| (7) | | | | -41,262 |
| (8) | | | | 154,027 |
| (9) | | | | 21,494 |
| (10) | | | | 1,803 |
| (11) | | | | 5,639 |
| (12) | | | | 90,959 |
| (13) | | | | |
| (14) | | | | |
| (15) | | | | |

# 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 | $ 433,288 | $ | $ 433,288 |
| TOTAL | $ 433,288 | $ 0 | $ 433,288 |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| COMMUNITY CAMPUS RENT | $ 3,680 | $ | $ 1,150 | $ 2,530 |
| INDIRECT LEGAL FEES | 1,306 | | | 1,306 |
| TOTAL | $ 4,986 | $ 0 | $ 1,150 | $ 3,836 |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| INDIRECT ACCOUNTING FEES | $ 26,700 | $ | $ | $ 26,700 |
| TOTAL | $ 26,700 | $ 0 | $ 0 | $ 26,700 |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| INVESTMENT CONSULTANTS | $ 49,448 | $ 49,448 | $ | $ |
| BENEFITS ADMINISTRATOR | 2,740 | | | 2,738 |
| CONSULTANTS | 2,500 | | | 2,500 |
| TOTAL | $ 54,688 | $ 49,448 | $ 0 | $ 5,238 |

# Federal Statements

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| FEDERAL EXCISE TAX | $ 18,088 | $ | $ | $ |
| TOTAL | $ 18,088 | $ 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 | | $ | $ | | | $ 641 | $ | $ |
| TOTAL | | $ 0 | $ 0 | | | $ 641 | $ 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 | 178,399 | | 55,761 | 122,638 |
| PAYROLL RELATED EXPENSES | 76,237 | | 23,829 | 52,408 |
| CONSULTANTS | 2,574 | | 805 | 1,769 |
| MEETING EXPENSE | 497 | | 155 | 342 |
| OFFICE EXPENSE | 2,532 | | 791 | 1,741 |
| ENVIRONMENTAL SERVICES | 2,154 | | 673 | 1,481 |
| FINANCING COSTS | 124,451 | | 38,899 | 85,552 |
| COMMUNICATIONS | 7,298 | | 2,281 | 5,017 |
| COLLABORATIVE PROJECTS & TECH | 472 | | 148 | 324 |
| SECURITY | 10,087 | | 3,153 | 6,934 |
| EDUC/DUES/CONFERENCES | 449 | | 140 | 309 |
| INSURANCE | 30,472 | | 9,525 | 20,947 |
| CLEANING/MAINT/REPAIRS | 121,412 | | 37,949 | 83,463 |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| SUPPLIES | $ 47,331 | $ | $ 14,794 | $ 32,537 |
| UTILITIES | 224,923 | | 70,303 | 154,620 |
| EXPENSES | | | | |
| COMMUNITY CAMPUS FOOD SERVICE | 36,000 | | | 36,000 |
| ADJUST COMMUNITY CAMPUS EXPENSES FROM ACCRUAL TO CASH | | | | -15,308 |
| OFFICE | 8,103 | | | 7,397 |
| POSTAGE | 1,557 | | | 1,575 |
| EQUIPMENT MAINTENANCE | 2,790 | | | 2,749 |
| DUES & SUBSCRIPTIONS | 714 | | | 714 |
| INSURANCE | 12,557 | | | 12,557 |
| TRUST MANAGEMENT FEES | 22,876 | 22,876 | | |
| SPECIAL PROJECTS/FORUMS | 6,000 | | | 6,000 |
| STATE FILING FEES | 75 | | | 75 |
| HCA COMPLIANCE | 371,002 | | | 356,877 |
| TOTAL | $ 1,290,962 | $ 22,876 | $ 259,206 | $ 978,718 |

# 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 | $ 3,797,805 | $ 3,012,826 | MARKET | $ 3,012,826 |
| TOTAL | $ 3,797,805 | $ 3,012,826 | | $ 3,012,826 |

## 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 | $ 21,985,078 | $ 23,469,133 | MARKET | $ 23,469,133 |
| TOTAL | $ 21,985,078 | $ 23,469,133 | | $ 23,469,133 |

## 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 | $ 4,334,291 | $ 5,404,033 | MARKET | $ 5,404,033 |
| TOTAL | $ 4,334,291 | $ 5,404,033 | | $ 5,404,033 |

## 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) | $ 194,491 | $ 1,412,488 | $ 1,221,907 | $ 190,581 |
| 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 | 1,195,867 | 2,997,405 | 1,999,080 | 998,325 |
| FACILITY - PHASE I | 7,072,870 | 10,129,871 | 3,310,248 | 6,819,623 |
| TOTAL | $ 11,469,808 | $ 17,546,344 | $ 6,531,235 | $ 11,015,109 |

**Foundation for Seacoast Health** 02-0386319

**Form 990PF-12/31/12**

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

| | Investments/Govt Obligations | BOOK VALUE | MARKET VALUE |
|---|---|---|---|
| **Other US Government Investments:** | | | |
| 106.651.151 | Vanguard Intermediate Treasury Fund | 1.248,765.40 | 1.247.818 47 |
| 61.843.286 | Vanguard Inflation-Protected Securities Fund | 1,436.158.68 | 1.765.007.38 |
| | **Other US Government Investments:** | **$2,684,924.08** | **$3,012.825.85** |

**Foundation for Seacoast Health** 02-0386319

**Form 990PF-12/31/12**

**Part II, Line 10c. Investments/Bonds:**

| | Investments/Bonds | BOOK VALUE | MARKET VALUE |
|---|---|---|---|
| **Fixed Income Funds:** | | | |
| 104.544.094 | Loomis Sayles Corporate Bond Fund | 1.280.693.26 | 1,655.978 45 |
| 88,549.885 | PIMCO Diversified Income Fund | 1.038.430.45 | 1.083.850.59 |
| 81.361.042 | Colchester Global Fixed Income Fund | 2.398.146 42 | 2,664.204.00 |
| | **Fixed Income Funds** | **$4,717.270.13** | **$5.404.033.04** |

**Foundation for Seacoast Health** 02-0386319

**Form 990PF-12/31/12**

**Part II, Line 10b. Investments/Corporate Stock**

| | Investments/Corporate Stock | BOOK VALUE | MARKET VALUE |
|---|---|---|---|
| **Equity Funds:** | | | |
| 68,361.745 | Dodge & Cox International Stock Fund | 2.221.391.31 | 2,368.050.85 |
| 97,783.051 | Artisan International Institutional Fund | 2.801.213.26 | 2.417,197.02 |
| 138.374.39 | Vanguard Total Stock Market Index Fund (Signal) | 3,960,533.50 | 4.761.462.79 |
| 36.534 49 | Eaton Vance Emerging Markets Fund | 1.855.992.80 | 1,774,845.62 |
| 16.058.71 | T. Rowe Price Balanced Fund (Perm Restricted) | 293.095.12 | 331.451.86 |
| 9,679.37 | T. Rowe Price Balanced Fund (Indigent) | 169.243.43 | 199,782.24 |
| | Total Equity Funds | **11,301.469.42** | **11,852.790.38** |
| **Flexible Capital Investments:** | | | |
| 951.581 | TIFF Absolute Return Pool Fund-Class B Shares | 3.339,770.44 | 3.597.530.00 |
| 3.500.000 | Forester Diversified, Ltd | 3.725.634.79 | 3,922.833.00 |
| | Total Flexible Capital Investments | **7.065.405.23** | **7.520.363.00** |
| **Inflation Hedging Investments:** | | | |
| 19.152.158 | Vanguard Energy Fund (Admiral) | 2.457.526.55 | 2.128,953.88 |
| 1.872.546 | Blackstone Resource Fund | 2.250.000.00 | 1.967.026.30 |
| | Total Inflation Hedging Investments | **4.707.526.55** | **4.095.980.18** |
| | **TOTAL EQUITIES** | **$23.074,401.20** | **$23.469.133.56** |

FOUNDATION FOR SEACOAST HEALTH

**Investment Schedule Summary**

**2012**

| SECURITIES | | BOOK VALUE | MARKET VALUE |
|---|---|---|---|
| **UNRESTRICTED:** | | | |
| **Equity Funds:** | | | |
| 68.361.745 shs | Dodge & Cox International Stock Fund | 2.221,391.31 | 2.368.050.85 |
| 138,374.391 shs | Vanguard Total Stock Market Index Fund (Sign | 3,960.533.50 | 4.761.462.79 |
| 97.783.051 shs | Artisan International Institutional Fund | 2.801.213.26 | 2,417.197.02 |
| 19.152.158 shs | Vanguard Energy Fund (Admiral) | 2.457.526.55 | 2.128.953.88 |
| 36.534 492 shs | Eaton Vance Emerging Market Funds | 1.855,992.80 | 1,774,845.62 |
| **Total Equity Institutional Funds** | | **$13.296.657.42** | **$13,450.510.16** |
| **Alternative Investments:** | | | |
| 951.581 shs | TIFF Absolute Return Pool-Class B | 3.339,770.44 | 3.597.530.00 |
| 3.500 shs | Forester Diversified, Ltd | 3.725,634.79 | 3.922,833.00 |
| 81.361.0417 shs | Colchester Global Bond Fund | 2.398.146.42 | 2.664.204.00 |
| 1.872.5457 shs | Blackstone Resource Fund | 2.250.000.00 | 1.967.026.30 |
| **Total Alternative Investments** | | **$11,713.551.65** | **$12,151,593.30** |
| **Fixed Income Funds:** | | | |
| 106.651.151 shs | Vanguard Intermediate Treasury Fund | 1.248.765 40 | 1.247.818.47 |
| 61.843.286 shs | Vanguard Inflation Protected Securities Fund | 1,436.158.68 | 1.765.007.38 |
| 104.544.094 shs | Loomis Sayles Corporate Bond Fund | 1.280.693.26 | 1.655.978.45 |
| 88.549.885 shs | PIMCO Diversified Income Fund | 1.038,430.45 | 1.083.850.59 |
| **Total Fixed Income Mutual Fund Investments** | | **$5.004,047.79** | **$5,752,654.89** |
| **Total Unrestricted Securities** | | **$30.014.256.86** | **$31.354.758.35** |
| **RESTRICTED ACCOUNTS:** | | | |
| 16.058.714 shs | T. Rowe Price Balanced Fund (Perm Restricted) | 293.095.12 | 331.451.86 |
| 9.679.372 shs | T Rowe Price Balanced Fund (Ind Care) | 169.243.43 | 199.782.24 |
| **Total Restricted Account** | | **462.338.55** | **531.234.10** |
| **TOTAL SECURITIES** | | **$30.476.595.41** | **$31.885,992.45** |

## FOUNDATION FOR SEACOAST HEALTH

### FIXED ASSETS - 2012

| FOUNDATION ASSETS | ASSET LIFE | DATE ACQUIRED | COST | DEPREC METHOD | PRIOR DEPREC | 2012 DEPREC | 12/31/12 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 | 1,714.69 | 0.00 | 0.00 |
| Dell 64 bit Windows7 Vostro 430 | 5 yrs | 11/10 | 1.307.00 | S | 304.92 | 261.36 | 740.72 |
| Dell 32-bit Windows7 Vostro 430 | 5 yrs | 11/10 | 1.898.21 | S | 442.96 | 379.68 | 1.075.57 |
| **Total FSH Computer Eqpt** | | | **3.205.21** | | **747.88** | **641.04** | **1.816.29** |
| **Other Equipment** | | | | | | | |
| PartnerII Telephone System | 5 yrs. | 5/26/95 | 2,526.00 | MACRS | 2,526.00 | 0.00 | 0.00 |
| Partner Telephone System | 5 yrs | 8/09 | 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** | | | **4.462.00** | | **4.462.00** | **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 | 1.500.00 | 0.00 | 0.00 |
| Server Upgrades | 5 yrs | 4/08-2/28/09 | 12.464.80 | S | 7.063.38 | 2.493.00 | 2.908.42 |
| **Total Campus Computer Eqpt** | | | **37.193.85** | | **31.792.43** | **2.493.00** | **2.908.42** |
| **Campus Furnishings** | | | | | | | |
| Furnishings | 7 yrs | 10/99 | 443.443.65 | S | 443.443.65 | 0.00 | 0.00 |
| Furniture donated to Birch Tree Ctr | | | (5,296.00) | | (5,296.00) | 0.00 | 0.00 |
| Furniture donated to Habitat ReStore | | | (1,588.79) | | (1,588.79) | 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** | | | **462.881.63** | | **462.881.63** | **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 |
| Security System Update | 5 yrs | 4/12 | 1.915.00 | S | 0.00 | 287.28 | 1.627.72 |
| 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 | S | 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 | 2012 DEPREC | 12/31/12 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 | | 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 | 4.296.00 | 0.00 | 0.00 |
| Utility Tractor | 5 yrs | 8/07 | 2.999.99 | S | 2.648.94 | 351.05 | (0.00) |
| Storage Container | 7 yrs | 10/07 | 7.680.60 | S | 4.663.44 | 1.097.28 | 1.919.88 |
| Lightning Burnisher | 5 yrs | 2/12 | 1.218.18 | S | 0.00 | 223.30 | 994.88 |
| **Total Other Campus Equipt** | | | **163,346.91** | | **156.845.52** | **1,958.91** | **4.542.48** |
| **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 | 10,705.33 | 535.27 | 0.00 |
| Carpet | 7 yrs | 6/05 | 2.268.00 | S | 2.133.00 | 135.00 | 0.00 |
| Handicapped Access Doors | 7 yrs | 12/30/05 | 3.333.15 | S | 2.856.96 | 476.19 | 0.00 |
| Countertops/Cabinets | 7 yrs | 12/30/05 | 11.832.37 | S | 10.142.04 | 1.690.33 | 0.00 |
| Carpet | 7 years | 12/30/05 | 13.303.00 | S | 11.402.58 | 1.900.42 | 0.00 |
| HVAC Improvements/Upgrades | 7 years | 5/06 | 50.415.00 | S | 40.812.14 | 7.202.14 | 2.400.72 |
| Countertops-New Heights | 7 yrs | 8/06 | 4.289.50 | S | 3.319.30 | 612.80 | 357.40 |
| Lightning Arrestor | 7 yrs | 10/06 | 3.950.00 | S | 2.962.27 | 564.24 | 423.49 |
| Carpet/Tile | 7 yrs | 6/06 | 6.578.00 | S | 5.246.72 | 939.71 | 391.57 |
| Snow Dams | 7 yrs | 7/06 | 8.140.00 | S | 6.492.63 | 1.162.86 | 484.51 |
| Water Heater-1 | 7 yrs | 12/06 | 32.370.00 | S | 23.506.96 | 4.624.32 | 4.238.72 |
| Carpeting-Stairs | 7 yrs | 7/1/07 | 5.126.00 | S | 3.295.08 | 732.24 | 1.098.68 |
| Water Heater-2 | 7 yrs | 7/1/07 | 32.745.00 | S | 21.050.28 | 4.677.84 | 7.016.88 |
| Poles/Bollards | 7 yrs | 8-9/07 | 5.248.85 | S | 3.249.24 | 749.83 | 1.249.78 |
| Gymnasium Lights | 7 yrs | 9/07 | 11.320.00 | S | 7.007.52 | 1.617.12 | 2.695.36 |
| Condenser Relocation | 7 yrs | 10/07 | 2.713.00 | S | 1.647.30 | 387.60 | 678.10 |
| Stone Wall Repair | 7 yrs | 12/07 | 5.600.00 | S | 3.266.83 | 800.04 | 1.533.13 |
| Lighting | 7 yrs | 12/07 | 5.797.15 | S | 3.387.86 | 829.68 | 1.579.61 |

| CAMPUS ASSETS | ASSET LIFE | DATE ACQUIRED | COST | DEPREC METHOD | PRIOR DEPREC | 2012 DEPREC | 12/31/12 VALUE |
|---|---|---|---|---|---|---|---|
| Ladder System | 7 yrs | 12/07 | 10,450.00 | S | 6,095.60 | 1.492.80 | 2.861.60 |
| Carpet-Upstairs Hallway | 7 yrs | 12/07-7/08 | 26.828.00 | S | 13.413.99 | 3.832.57 | 9.581 44 |
| Gutter Upgrade | 7 yrs | 2/26/09 | 5.590.00 | S | 2.262.62 | 798.57 | 2.528.81 |
| Stone Wall-Children's Playgrounc | 7 yrs | 8/09 | 14.108.80 | S | 4.870.90 | 2.015.55 | 7.222.35 |
| Kitchen Wall Upgrade | 7 yrs | 8/09-9/09 | 3.949.51 | S | 1,316.56 | 564.24 | 2.068.71 |
| Compressor #1 | 7 yrs | 9/09 | 7.795.00 | S | 2.598.40 | 1.113.60 | 4.083.00 |
| Compressor #2 | 7 yrs | 9/10 | 7.395.00 | S | 1,408.64 | 1.056.48 | 4.929.88 |
| Gutters-Families First Entrance | 7 yrs | 9/10 | 4.260.00 | S | 811.36 | 608.52 | 2.840.12 |
| Sump Pump Replacement | 7 yrs | 9/10 | 5.048.95 | S | 901.65 | 721.32 | 3.425.98 |
| Masonry Work/Wall Caps | 7 yrs | 10/10 | 6.600.00 | S | 1,178.55 | 942.84 | 4.478.61 |
| Water Pumps/Control Board | 7 yrs | 10/10 | 10,604.15 | S | 1.893.60 | 1.514.88 | 7.195.67 |
| Re-Caulk Windows-FF Wing | 7 yrs | 10/10 | 7,480.00 | S | 1.335.74 | 1.068.60 | 5.075.66 |
| Water Softner System | 7 yrs | 2/11 | 4.210.00 | S | 451.08 | 601.44 | 3.157.48 |
| Carpet-FF Hallway/Waiting Roon | 7 yrs | 5/11 | 16.579.00 | S | 1.578.96 | 2.368.44 | 12.631.60 |
| Re-caulk Windows-Stone Buildin | 7 yrs | 6/11 | 9.615.00 | S | 801.22 | 1.373.52 | 7.440.26 |
| Masonry Work-Gymnasium Side | 7 yrs | 7/11 | 6.250.00 | S | 446.40 | 892.80 | 4.910.80 |
| Expansion Tank | 7 yrs | 4/12 | 3.525.00 | S | 0.00 | 377.64 | 3.147.36 |
| Roof Cricket/Fascia/Scupper (2) | 7 yrs | 7/12 | 3.485.00 | S | 0.00 | 248.94 | 3.236.06 |
| Masonry Work-Rear Gymnasium | 7 yrs | 7/12 | 7.850.00 | S | 0.00 | 560.70 | 7.289.30 |
| Pump Bypass | 7 yrs | 7/12 | 2.675.00 | S | 0.00 | 191.10 | 2.483.90 |
| Carpet-CCCC Periwinkles Room | 7 yrs | 7/12 | 2.176.00 | S | 0.00 | 155.40 | 2.020.60 |
| Counters-FF Children's Room | 7 yrs | 08/12/2012 | 2.191.00 | S | 0.00 | 130.40 | 2.060.60 |
| Tile-Families First | 7 yrs | 11/12 | 10.271.00 | S | 0.00 | 244.54 | 10.026.46 |
| Countertop-Art Room | 7 yrs | 11/12 | 3.658.00 | S | 0.00 | 43.55 | 3.614.45 |
| Movie Room Renovations - | 7 yrs | 12/12-1/13 | 3.217.00 | S | 0.00 | 0.00 | 3.217.00 |
| Tile-Families First | 7 yrs | 12/12-1/13 | 7.200.00 | S | 0.00 | 0.00 | 7.200.00 |
| Carpet-CCCC/Headstart | 7 yrs | 12/12 | 10.331.00 | S | 0.00 | 0.00 | 10.331.00 |
| **Total Campus Fixtures** | | | **517.600.48** | | **301.837.76** | **54.568.07** | **163.206.65** |

| CAMPUS ASSETS<br>Kitchen Furnishings | ASSET LIFE | DATE ACQUIRED | COST | DEPREC METHOD | PRIOR DEPREC | 2012 DEPREC | 12/31/12 VALUE |
|---|---|---|---|---|---|---|---|
| Kitchen Equipment | 7 yrs | 10/99 | 148.681.88 | MACRS | 148.681.88 | 0.00 | 0.00 |
| Disposal of Kitchen Eqpt 2011 | | | (14.550.00) | | (14.550.00) | | |
| Warming Table | 7 yrs | 5/06 | 3.436.26 | S | 2.781.20 | 490.80 | 164.26 |
| Cash Register | 7 yrs | 6/06 | 2.125.50 | S | 1.695.33 | 303.64 | 126.53 |
| Dishwasher Heating Element | 7 yrs | 10/06 | 3.014.38 | S | 2.261.06 | 430.68 | 322.64 |
| Oven | 7 yrs | 9/08 | 6.270.00 | S | 2.985.69 | 895.71 | 2.388.60 |
| Drop-in Units-Display | 7 yrs | 10/09 | 1,135.00 | S | 364.77 | 162.12 | 608.11 |
| Ice Machine | 7 yrs | 9/10 | 3.377.77 | S | 643.36 | 482.52 | 2.251.89 |
| Garbage Disposal | 7 yrs | 4/11 | 3.052.00 | S | 326.97 | 436.00 | 2.289.03 |
| Appliances-Teaching Kitchen | 7 yrs | 4/11 | 2.047.00 | S | 219.33 | 292.43 | 1.535.24 |
| Teaching Kitchen Renovations | 7 yrs | 5/11 | 12,047.51 | S | 1,147.36 | 1.721.06 | 9.179.09 |
| Charbroiler | 7 yrs | 12/12 | 1.269.00 | S | 0.00 | 15.11 | 1.253.89 |
| **Total Kitchen Furnishings** | | | **171,906.30** | | **146.556.95** | **5.230.07** | **20.119.28** |
| **Facility** | | | | | | | |
| Facility - Phase I | 40 yrs | As of 12/99 | 9.577,619.51 | S | 2,883.262.57 | 239.440.49 | 6.454.916.45 |
| Construction Period Interest | 40 yrs | As of 12/99 | 518.266.10 | S | 163.720.03 | 12,956.65 | 341.589.42 |
| Additional Facility Costs | 39 yrs | 3/00 | 33,985.00 | S | 10,018.55 | 849.63 | 23.116.82 |
| **Total Facility** | | | **10.129,870.61** | | **3.057.001.15** | **253.246.77** | **6.819.622.69** |
| **Land Improvements** | | | | | | | |
| Land Improvements | 15 yrs | As of 12/99 | 1.847.291.60 | S | 1.539,409.64 | 123,152.77 | 184.729.19 |
| Misc Land Improvements | 15 yrs | 6/00 | 19.230.47 | S | 14.743.35 | 1.282.03 | 3.205.09 |
| Misc Land Improvements | 15 yrs | 7/00 | 19,718.63 | S | 15,117.67 | 1.314.58 | 3.286.38 |
| Misc Land Improvements | 15 yrs | 8/00 | 32.782.89 | S | 25.133.59 | 2,185.53 | 5.463.77 |
| Misc Land Improvements | 15 yrs | 9/00 | 17.871.61 | S | 13.701.56 | 1.191.44 | 2.978.61 |
| Misc Land Improvements | 15 yrs | 10/00 | 10.400.00 | S | 7.973.30 | 693.33 | 1.733.37 |
| Misc Land Improvements | 15 yrs | 11/00 | 20,152.94 | S | 15.450.59 | 1.343.53 | 3.358.82 |
| Improvements - Quarry Rd | 15 yrs | 5/31-12/31/01 | 8.299.06 | S | 5.717.12 | 553.27 | 2.028.67 |
| Improvements-Walking Trails | 15 yrs | 7/31-12/31/01 | 25.142.96 | S | 17.041.37 | 1.676.20 | 6.425.39 |
| Improvements-Jap Garden | 15 yrs | 3/1-5/31/02 | 5.961.25 | S | 3.808.61 | 397.42 | 1.755.22 |
| Improvements-Site B | 15 yrs | 5/1/05-9/30/09 | 956.271.24 | S | 143.440.74 | 63.751.44 | 749.079.06 |
| Improvements-Quarry Road | Ongoing | 1/1/08- | 34.282.30 | S | | | 34.282.30 |
| **Total Land Improvements** | | | **2.997,404.95** | | **1.801.537.54** | **197.541.54** | **998.325.87** |

New Equipment/Capital Improvements

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 | $ 114,687 | $ 196,158 | $ 196,158 |
| PREPAID FEDERAL TAXES | 24,021 | 5,933 | 5,933 |
| TOTAL | $ 138,708 | $ 202,091 | $ 202,091 |

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

| Description | Beginning of Year | End of Year |
|---|---|---|
| SALARIES/PAYROLL TAXES PAYABLE | $ 6,509 | $ 20,757 |
| TOTAL | $ 6,509 | $ 20,757 |

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

| Description | Amount |
|---|---|
| SFAS 124 FMV - 2012 GAIN(LOSS) | $ 1,409,397 |
| TOTAL | $ 1,409,397 |

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

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

# Federal Statements

## Foreign Country in which Financial Account is Held

| Foreign Country Code | Foreign Country 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

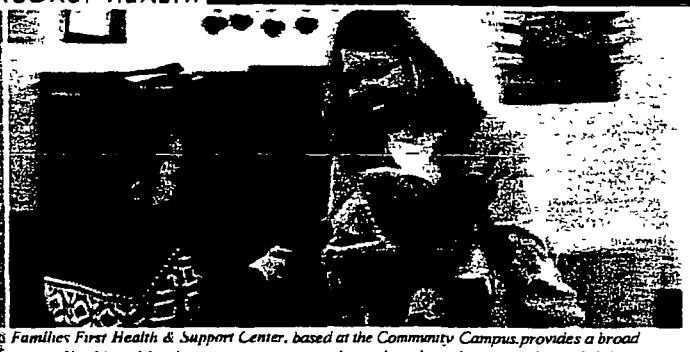
## Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

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

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Portsmouth, NH 03801
Tel. (603) 422-8200 • Fax (603) 422-8207
E-mail: fsh@communitycampus.org


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?)**

## 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<br>Project Coordinator<br>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

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*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.*

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# 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).

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## 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 #:**

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**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<br>Project Coordinator<br>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.

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Grant: _____

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☐ *Grant expense statement Please use attached form*

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

## REPORT NARRATIVE

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

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

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

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

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

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

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

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

**Offices at the Community Campus**
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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 Eowina 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

- **2012 Scholarship Application**
- **2012 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

Submit by Email | Print Form

# 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, 2012**

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

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

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

*Non-Traditional
_____No of Years Since Last 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 2012 – June 2013:** (☐)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 2006 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 2006 **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, 2010 to the present

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

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

_____ (Town/City) from _____ (Mo/Year) to _____ (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 2010 - Present) prior to the 2012-2013 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, 2012**

**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

Submit by Email | Print Form

# FOUNDATION FOR SEACOAST HEALTH
## 2012 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, 2012 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**<br>Analytical Powers<br>Critical Thinking<br>Reasoning Ability | | | | | | | |
| **Creativity**<br>Originality<br>Imagination | | | | | | | |
| **Communications Skills**<br>Oral<br>Written | | | | | | | |
| **Motivation**<br>Persistence<br>Self-Discipline<br>Achieves Goals | | | | | | | |
| **Judgment & Maturity**<br>Conscientiousness<br>Common Sense | | | | | | | |
| **Leadership Ability** | | | | | | | |
| **Organizational Skills** | | | | | | | |
| **Personal Attributes**<br>Ability to Relate to Others<br>Sensitivity<br>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)