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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 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 or province, country, and ZIP or foreign postal 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) ▶ $ 45,008,431

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)	26,533			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	4	4		
	4	Dividends and interest from securities	434,311	434,311		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	1,386,083			
	b	Gross sales price for all assets on line 6a 9,386,776				
	7	Capital gain net income (from Part IV, line 2)		1,386,083		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule) STMT 1	464,758		464,758	
	12	**Total.** Add lines 1 through 11	2,311,689	1,820,398	464,758	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	130,237	12,588		133,559
	14	Other employee salaries and wages	5,727			5,727
	15	Pension plans, employee benefits	53,206	5,516		47,648
	16a	Legal fees (attach schedule) SEE STMT 2	400			400
	b	Accounting fees (attach schedule) STMT 3	28,000			27,500
	c	Other professional fees (attach schedule) STMT 4	55,615	50,273		5,389
	17	Interest	38,486		12,305	27,074
	18	Taxes (attach schedule) (see instructions) STMT 5	34,626			
	19	Depreciation (attach schedule) and depletion STMT 6	504,869		161,221	
	20	Occupancy	1,691			1,691
	21	Travel, conferences, and meetings	9,869			9,717
	22	Printing and publications	8,005			8,005
	23	Other expenses (att sch) STMT 7	993,538	21,107	295,471	765,776
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,864,269	89,484	468,997	1,032,486
	25	Contributions, gifts, grants paid	703,185			702,685
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,567,454	89,484	468,997	1,735,171
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-255,765			
	b	**Net investment income** (if negative, enter -0-)		1,730,914		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets — Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	644,965	753,793	753,793
	2 Savings and temporary cash investments	8,392	8,397	8,397
	3 Accounts receivable ▶ 4,200,719			
	Less allowance for doubtful accounts ▶	583,892	4,200,719	4,200,719
	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	78	78
	10a Investments – U S and state government obligations (attach schedule) STMT 8	3,012,826		
	b Investments – corporate stock (attach schedule) SEE STMT 9	23,469,133	24,347,437	24,347,437
	c Investments – corporate bonds (attach schedule) SEE STMT 10	5,404,033	4,983,723	4,983,723
	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 ▶ 17,580,018			
	Less accumulated depreciation (attach sch) ▶ STMT 11 7,005,846	11,015,109	10,574,172	10,574,172
	15 Other assets (describe ▶ SEE STATEMENT 12)	202,091	140,112	140,112
	16 **Total assets** (to be completed by all filers – see the instructions Also, see page 1, item I)	44,348,114	45,008,431	45,008,431
Liabilities	17 Accounts payable and accrued expenses	149,315	45,697	
	18 Grants payable	6,000	10,000	
	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	10,795,000	
	22 Other liabilities (describe ▶ SEE STATEMENT 13)	20,757	28,215	
	23 **Total liabilities** (add lines 17 through 22)	11,971,072	10,878,912	
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	31,836,665	33,503,043	
	25 Temporarily restricted	260,657	346,756	
	26 Permanently restricted	279,720	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)	32,377,042	34,129,519	
	31 **Total liabilities and net assets/fund balances** (see instructions)	44,348,114	45,008,431	

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	32,377,042
2	Enter amount from Part I, line 27a	2	-255,765
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 14	3	3,417,639
4	Add lines 1, 2, and 3	4	35,538,916
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 15	5	1,409,397
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	34,129,519

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	1,386,083
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	

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))
2012	2,020,865	32,086,883	0.062981
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

2	**Total** of line 1, column (d)	2	0.502817
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	0.100563
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	32,575,969
5	Multiply line 4 by line 3	5	3,275,937
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	17,309
7	Add lines 5 and 6	7	3,293,246
8	Enter qualifying distributions from Part XII, line 4	8	1,790,202

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

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	34,618
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3	Add lines 1 and 2		3	34,618
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	34,618
6	Credits/Payments			
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a 18,400		
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	18,400
8	Enter any **penalty** for underpayment of estimated tax Check here ☒ if Form 2220 is attached		8	353
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	16,571
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11	Enter the amount of line 10 to be **Credited to 2014 estimated tax** ▶ 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)?	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (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 ▶ KATHLEEN TAYLOR, FINANCE DIRECTOR 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				
16	At any time during calendar year 2013, 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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?	☐ 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 2013 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 2013)	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 2013?		4b		X

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes	☐ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	☐ Yes	☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		N/A	7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NANCY L. CUTTER 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	ADMIN. EXEC. 20.00	41,960	18,215	0
DEBRA S. GRABOWSKI 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	EXEC. DIR. 32.00	88,277	34,017	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
ELIGIO SANTANA 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	FACILITY SUP 40.00	57,945	7,575	0
NOREEN M. HODGDON 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	ADMIN. COORD 40.00	33,904	22,048	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
PRIME BUCHHOLZ & ASSOCIATES PORTSMOUTH 273 CORPORATE DRIVE, SUITE 250 NH 03801	CONSULTANT	50,273
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
a	Average monthly fair market value of securities		1a	32,103,316
b	Average of monthly cash balances		1b	968,734
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	33,072,050
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	33,072,050
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions)		4	496,081
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	32,575,969
6	**Minimum investment return.** Enter 5% of line 5		6	1,628,798

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	1,628,798
2a	Tax on investment income for 2013 from Part VI, line 5	2a 34,618		
b	Income tax for 2013 (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	34,618
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,594,180
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	1,594,180
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	1,594,180

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	1,735,171
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	55,031
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	1,790,202
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	1,790,202

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 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI, line 7				1,594,180
2	Undistributed income, if any, as of the end of 2013				
a	Enter amount for 2012 only				
b	Total for prior years 20____ , 20____ , 20____				
3	Excess distributions carryover, if any, to 2013.				
a	From 2008 1,254,565				
b	From 2009 2,523,780				
c	From 2010 1,273,584				
d	From 2011 4,176,933				
e	From 2012 434,609				
f	**Total** of lines 3a through e	9,663,471			
4	Qualifying distributions for 2013 from Part XII, line 4 ▶ $ 1,790,202				
a	Applied to 2012, 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 2013 distributable amount				1,594,180
e	Remaining amount distributed out of corpus	196,022			
5	Excess distributions carryover applied to 2013 (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	9,859,493			
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 2012 Subtract line 4a from line 2a Taxable amount – see instructions				
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7 (see instructions)	1,254,565			
9	**Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a	8,604,928			
10	Analysis of line 9:				
a	Excess from 2009 2,523,780				
b	Excess from 2010 1,273,584				
c	Excess from 2011 4,176,933				
d	Excess from 2012 434,609				
e	Excess from 2013 196,022				

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 2013, 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) 2013	(b) 2012	(c) 2011	(d) 2010	
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 address of the person to whom applications should be addressed

KATHLEEN TAYLOR 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				
2013 GRANTS PAID			(SEE SCHEDULE)	679,450
2012 GRANTS PAID			(SEE SCHEDULE)	6,000
2013 GIFTS/CONTRIBUTIONS PAID			(SEE SCHEDULE)	7,735
2013 SCHOLARSHIPS PAID			(SEE SCHEDULE)	9,500
Total			▶ 3a	702,685
b Approved for future payment				
2013 GRANTS ACCRUED			(SEE SCHEDULE)	10,000
2013 SCHOLARSHIPS ACCRUED			(SEE SCHEDULE)	500
Total			▶ 3b	10,500

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue.					
a COMMUNITY CAMPUS RENT			16	468,997	
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	4	
4 Dividends and interest from securities			14	434,311	
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	1,386,083	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b DISPOSAL OF ASSETS			1	-4,239	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		2,285,156	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	2,285,156

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

▶ Signature of officer or trustee Date 4/3/14 ▶ 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	03/21/14	

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

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization	Employer identification number
FOUNDATION FOR SEACOAST HEALTH	02-0386319

Organization type (check one).

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization: FOUNDATION FOR SEACOAST HEALTH

Employer identification number: 02-0386319

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEAN M. HEMSTREET TRUST KATHERINE H COOPER, TRUSTEE 2 LAMBERT LANE FALMOUTH MA 02540	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

FOUNDATION FOR SEACOAST HEALTH **02-0386319**
Form 990PF - 12/31/13
Part VIII, Line 1:

BOARD OF TRUSTEES/OFFICERS - 2013

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

Amy Schwartz
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
Portsmouth, NH 03801

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

Archie R. McGowan, M.D.
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

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

OFFICERS – 2013

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

Nancy L. Cutter
Secretary (retired 12/2013)
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

FOUNDATION FOR SEACOAST HEALTH
Scholarships
Year Ended December 31, 2013

Name	Balance 2012	Awarded 2013	Declined/ Withdrew/ Rescinded 2013	Paid 2013	Balance 2014
Eileen Macomber	-	2,500	-	2,500	-
Emily Fregeau	-	1,000	-	500	500
Emily Koestner	-	1,000	-	1,000	-
Ian Barrows	-	3,500	-	3,500	-
Lisa Harning	-	1,000	-	1,000	-
Selina Lorrey	-	1,000	-	1,000	-
TOTALS	**-**	**10,000**	**-**	**9,500**	**500**

FOUNDATION FOR SEACOAST HEALTH
Grants/Gifts/Donations
Year Ended December 31, 2013

No.	Name	Project	Balance 2012	Awarded 2013	Paid 2013	Balance 2014
	NH Center for Nonprofits	Membership Fee	-	685	685	-
	Nonprofit Centers Network	Network Membership	-	550	550	-
	Friends Forever	Misc Donation	-	1,000	1,000	-
	Healthcare Gives	Misc Donation	-	500	500	-
	Rotary Club of Portsmouth	Joseph Shanley Scholarship Fund	-	5,000	5,000	-
	Families First/Greater Seacoast	Special Projects	6,000	-	6,000	-
	Families First	Senior Luncheons	-	4,000	4,000	-
MF-087	Families First/Greater Seacoast	Comprehensive Health/Support Services	-	311,600	311,600	-
533ICA	Community Child Care Center	Wage Solutions/Security Upgrade	-	48,000	38,000	10,000
534ICA	New Heights Adventures for Teens	New Heights Program	-	325,850	325,850	-
TOTALS			**6,000**	**697,185**	**693,185**	**10,000**

FOUNDATION FOR SEACOAST HEALTH
PROGRAM EXPENDITURES 2013

PROGRAM	2013 CARRYOVER AMOUNT	2013 AMOUNT AWARDED	2014 CARRYOVER AMOUNT	2013 PAYOUT
Scholarships:				
Graduate		$3,500 00		$3,500 00
Undergraduate		6,500.00	500 00	6,000 00
TOTAL SCHOLARSHIPS	**$0.00**	**$10,000.00**	**$500.00**	**$9,500.00**
Gifts/Contributions:				
NH Center for Nonprofits		685.00		685.00
Healthcare Gives		500.00		500 00
Nonprofit Centers		550.00		550 00
Friends Forever		1,000.00		1,000 00
Rotary Club of Portsmouth		5,000.00		5,000 00
Total Gifts/Contributions	**$0.00**	**$7,735.00**	**$0.00**	**$7,735.00**
Medical Financial Assistance Grants:				
MF087-Families First/Greater Seacoast		311,600.00		311,600 00
Total Medical Financial Asst Grants	**$0.00**	**$311,600.00**	**$0.00**	**$311,600.00**
Infants/Children/Adolescent Grants:				
530ICA-Community Child Care Center		38,000.00		38,000.00
Matching Grant		10,000.00	10,000.00	0.00
529ICA-New Heights: Adventures for Teens		325,850.00		325,850 00
Total Inf/Child/Adol Grants	**$0.00**	**$373,850.00**	**$10,000.00**	**$363,850.00**
Collaborative/Technical Assistance/Project Grants:				
Families First/Greater Seacoast	6,000.00			6,000.00
Families First/Greater Seacoast		4,000.00		4,000 00
Total Miscellaneous Grants	**6,000.00**	**4,000.00**	**0.00**	**10,000.00**
TOTAL GRANTS/CONTRIBUTIONS	**6,000.00**	**697,185.00**	**10,000.00**	**693,185.00**
Other Qualifying Expenditures:				
Collaborative/Leveraging Projects-Other Expenses		6,500.00		6,500 00
PRH ER Mural		750.00		750.00
TOTAL OTHER EXPENDITURES	**0.00**	**7,250.00**	**0.00**	**7,250.00**
TOTAL SCHOLARSHIPS/GRANTS/CONTRIBUTIONS/OTHER	**6,000.00**	**714,435.00**	**10,500.00**	**709,935.00**

Schedule of Appropriations and Payments, by Program Area Fiscal Year 2013

12/31/2013

Recipient and/or Purpose	Tax Status	Beginning Balance 2013	Newly Allocated 2013	Amended 2013	Amount Paid 2013	Ending Balance 2013
Collaborative/Leveraging Activities						
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 *Special Projects - Senior Luncheons; Cervical cancer screenings; healthy weight group* $6,000.00 2012	509a(1)	$6,000.00	$0.00	$0.00	$6,000.00	$0.00
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 *Senior Luncheons* $4,000.00 2013	509a(1)	$0.00	$4,000.00	$0.00	$4,000.00	$0.00
Mark Wentworth Home 346 Pleasant Street Portsmouth, NH 03801 *Senior Center Planning Program* $2,000.00 2011		$3,000.00	$0.00	-$3,000.00	$0.00	$0.00
Rockingham Community Action 4 Cutts Street Portsmouth, NH 03801 *Seniors Count Marketing/Symposium* $4,000.00 2011	501c(3)	$3,500.00	$0.00	-$3,500.00	$0.00	$0.00
Total Collaborative/Leveraging Activities (4 items)		$12,500.00	$4,000.00	-$6,500.00	$10,000.00	$0.00

Recipient and/or Purpose	Tax Status	Beginning Balance 2013	Newly Allocated 2013	Amended 2013	Amount Paid 2013	Ending Balance 2013
Contribution						
Friends Forever 31 Raynes Avenue #10 Portsmouth, NH 03801 $1,000.00 2013		$0.00	$1,000.00	$0.00	$1,000.00	$0.00
Healthcare Gives P.O. Box 2 Durham, NH 03824 $500.00 2013		$0.00	$500.00	$0.00	$500.00	$0.00
NH Center for Nonprofits 10 Ferry Street, Suite 315 Concord, NH 03301 *Membership Dues* $685.00 2013		$0.00	$550.00	$135.00	$685.00	$0.00
Nonprofit Centers P.O. Box 29195 San Francisco, CA *Nonprofit Centers Network* $550.00 2013		$0.00	$550.00	$0.00	$550.00	$0.00
Rotary Club of Portsmouth Portsmouth, NH *Joseph Shanley Scholarship Fund* $5,000.00 2013	501c(3)	$0.00	$5,000.00	$0.00	$5,000.00	$0.00
Total Contribution (5 items)		$0.00	$7,600.00	$135.00	$7,735.00	$0.00

Fiscal Year 2013

Recipient and/or Purpose	Tax Status	Beginning Balance 2013	Newly Allocated 2013	Amended 2013	Amount Paid 2013	Ending Balance 2013
Infants/Children/Adolescents						
Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 *Staff Salaries* $38,000.00 2012	501c(3)	$38,000.00	$0.00	$0.00	$38,000.00	$0.00
Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 *Access Control System* $10,000.00 2013	501c(3)	$0.00	$10,000.00	$0.00	$0.00	$10,000.00
New Heights: Adventures for Teens 100 Campus Drive Portsmouth, NH 03801 *New Heights* $325,850.00 2013	501c(3)	$0.00	$325,850.00	$0.00	$325,850.00	$0.00
Total Infants/Children/Adolescents (3 items)		$38,000.00	$335,850.00	$0.00	$363,850.00	$10,000.00
Medical Financial Assistance Program						
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 $311,600.00 2013	509a(1)	$0.00	$311,600.00	$0.00	$311,600.00	$0.00
Total Medical Financial Assistance Program (1 item)		$0.00	$311,600.00	$0.00	$311,600.00	$0.00
Grand Totals (13 items)		$50,500.00	$659,050.00	-$6,365.00	$693,185.00	$10,000.00

FOUNDATION FOR SEACOAST HEALTH **02-0386319**
Form 990PF - 12/31/13
Part XV, Line 3b Approved for Future Payment:

NAME/ORGANIZATION	ADDRESS	PURPOSE OF GRANT	AMOUNT
Community Child Care Center	100 Campus Drive Portsmouth, NH 03801	Wage Solutions/Security Upgrade	10,000.00
			$10,000.00

2687 03/21/2014 1 31 PM

Form **990-PF**

Capital Gains and Losses for Tax on Investment Income

For calendar year 2013, or tax year beginning , and ending

2013

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)	7818.608 ARTISAN INTL INST FUND	P	VARIOUS	02/08/13
(2)	5172.414 ARTISAN INTL INST FUND	P	VARIOUS	10/03/13
(3)	15040.107 ARTISAN INTL INST FUND	P	VARIOUS	12/20/13
(4)	5529.444 DODGE & COX INTL STOCK F	P	VARIOUS	02/08/13
(5)	18915.511 LOOMIS SAYLES CORP BOND FD	P	VARIOUS	03/01/13
(6)	696.919 T.ROWE PRICE BALANCED FD	P	VARIOUS	09/11/13
(7)	951.581 TIFF ABSOLUTE RET POOL CL B	P	12/31/10	12/31/13
(8)	10596.962 VANGAURD INFL PROT FUND	P	VARIOUS	02/07/13
(9)	51889.944 VANGAURD INFL PROT FUND	P	VARIOUS	12/19/13
(10)	108699.198 VANGAURD INTER TREAS FD	P	VARIOUS	12/19/13
(11)	6592.827 VANGAURD TOT STOCK MKT IND	P	VARIOUS	04/09/13
(12)	6282.986 VANGAURD TOT STOCK MKT IND	P	VARIOUS	07/08/13
(13)	4790.419 VANGAURD TOT STOCK MKT IND	P	VARIOUS	09/17/13
(14)	6819.732 VANGAURD TOT STOCK MKT IND	P	VARIOUS	12/02/13
(15)	CAPITAL GAINS DISTRIBUTION			

	(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)	200,000		223,981	-23,981
(2)	150,000		148,175	1,825
(3)	450,000		436,034	13,966
(4)	200,000		179,677	20,323
(5)	300,000		231,654	68,346
(6)	15,834		12,743	3,091
(7)	4,193,679		3,339,770	853,909
(8)	300,000		246,088	53,912
(9)	1,336,166		1,207,349	128,817
(10)	1,216,337		1,272,149	-55,812
(11)	250,000		188,950	61,050
(12)	250,000		180,385	69,615
(13)	200,000		137,533	62,467
(14)	300,000		196,205	103,795
(15)	24,760			24,760

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)				-23,981
(2)				1,825
(3)				13,966
(4)				20,323
(5)				68,346
(6)				3,091
(7)				853,909
(8)				53,912
(9)				128,817
(10)				-55,812
(11)				61,050
(12)				69,615
(13)				62,467
(14)				103,795
(15)				24,760

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	$ 468,997	$	$ 468,997
DISPOSAL OF ASSETS	-4,239		-4,239
TOTAL	$ 464,758	$ 0	$ 464,758

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

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

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	$ 28,000	$	$	$ 27,500
TOTAL	$ 28,000	$ 0	$ 0	$ 27,500

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT CONSULTANTS	$ 50,273	$ 50,273	$	$
BENEFITS ADMINISTRATOR	3,517			3,564
CONSULTANTS	1,825			1,825
TOTAL	$ 55,615	$ 50,273	$ 0	$ 5,389

Federal Statements

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	$ 34,626	$	$	$
TOTAL	$ 34,626	$ 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	181,748		58,112	123,636
PAYROLL RELATED EXPENSES	79,784		25,510	54,274
CONSULTANTS	10,715		3,426	7,289
MEETING EXPENSE	644		206	438
OFFICE EXPENSE	1,235		395	840
ENVIRONMENTAL SERVICES	5,204		1,664	3,540
FINANCING COSTS	183,775		58,760	125,015
COMMUNICATIONS	9,106		2,912	6,194
COLLABORATIVE PROJECTS & TECH	11,250		3,597	7,653
SECURITY	10,230		3,271	6,959
INSURANCE	32,612		10,427	22,185
CLEANING/MAINT/REPAIRS	113,189		36,191	76,998
SUPPLIES	45,440		14,529	30,911

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
UTILITIES	$ 239,176	$	$ 76,473	$ 162,703
EXPENSES				
COMMUNITY CAMPUS FOOD SERVICE	36,000			36,000
==========				
ADJUST COMMUNITY CAMPUS EXPENSES FROM ACCRUAL TO CASH				25,935
==========				
OFFICE	9,959			9,516
POSTAGE	1,436			1,164
EQUIPMENT MAINTENANCE	3,177			2,736
DUES & SUBSCRIPTIONS	844			844
INSURANCE	12,704			12,704
TRUST MANAGEMENT FEES	21,107	21,107		
STATE FILING FEES	75			75
HCA COMPLIANCE	-15,872			48,165
TOTAL	$ 993,538	$ 21,107	$ 295,473	$ 765,774

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	$ 3,012,826	$	MARKET	$
TOTAL	$ 3,012,826	$ 0		$ 0

Federal Statements

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	$ 23,469,133	$ 24,347,437	MARKET	$ 24,347,437
TOTAL	$ 23,469,133	$ 24,347,437		$ 24,347,437

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	$ 5,404,033	$ 4,983,723	MARKET	$ 4,983,723
TOTAL	$ 5,404,033	$ 4,983,723		$ 4,983,723

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)	$ 190,581	$ 1,446,162	$ 1,245,731	$ 200,431
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	998,325	2,997,405	2,196,620	800,785
FACILITY - PHASE I	6,819,623	10,129,871	3,563,495	6,566,376
TOTAL	$ 11,015,109	$ 17,580,018	$ 7,005,846	$ 10,574,172

Foundation for Seacoast Health **02-0386319**
Form 990PF-12/31/13
Part II, Line 10a, Investments/Government Obligations:

Investments/Govt Obligations		BOOK VALUE	MARKET VALUE
Other US Government Investments:			
	None		
	Other US Government Investments:	**$0.00**	**$0.00**

Foundation for Seacoast Health **02-0386319**
Form 990PF-12/31/13
Part II, Line 10c, Investments/Bonds:

Investments/Bonds		BOOK VALUE	MARKET VALUE
Fixed Income Funds:			
85,256.089	Loomis Sayles Corporate Bond Fund	1,043,181.86	1,337,668.04
93,475.722	PIMCO Diversified Income Fund	1,096,394.76	1,074,036.31
80,874.215	Colchester Global Fixed Income Fund	2,413,411.80	2,572,019.00
	Fixed Income Funds	**$4,552,988.42**	**$4,983,723.35**

Foundation for Seacoast Health **02-0386319**
Form 990PF-12/31/13
Part II, Line 10b, Investments/Corporate Stock

Investments/Corporate Stock		BOOK VALUE	MARKET VALUE
Equity Funds:			
63,876.252	Dodge & Cox International Stock Fund	2,085,382.39	2,749,233.89
70,735.921	Artisan International Institutional Fund	2,022,207.76	2,168,763.34
116,343.65	Vanguard Total Stock Market Index Fund (Signal)	3,356,569.06	5,242,444.64
37,180.69	Eaton Vance Emerging Markets Fund	1,887,214.22	1,814,045.91
16,291.16	T. Rowe Price Balanced Fund (Perm Restricted)	301,183.37	378,280.67
10,260.24	T. Rowe Price Balanced Fund (Indigent)	182,267.19	238,242.73
	Adamas Opportunities	3,000,000.00	3,000,000.00
	Total Equity Funds	**12,834,823.99**	**15,591,011.18**
Flexible Capital Investments:			
3,500.000	Forester Diversified, Ltd.	3,725,634.79	4,469,817.00
	Total Flexible Capital Investments	**3,725,634.79**	**4,469,817.00**
Inflation Hedging Investments:			
19,917.602	Vanguard Energy Fund (Admiral)	2,550,073.66	2,516,788.19
1,872.546	Blackstone Resource Fund	2,250,000.00	1,769,820.28
	Total Inflation Hedging Investments	**4,800,073.66**	**4,286,608.47**
	TOTAL EQUITIES	**$21,360,532.44**	**$24,347,436.65**
		$25,913,520.86	$29,331,160.00

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Campus Computer Equipment													
15		Server/Panels/Router/Ports/Setup	12/01/99	21,304 05	0 00		0 00	21,304 05	0 00	21,304 05	0 00	200DB	5 0
16		HP4050TN Laser Printer	10/01/99	1,925 00	0 00		0 00	1,925 00	0 00	1,925.00	0 00	200DB	5 0
17		Computer for Security Program	8/01/06	1,500 00	0 00		0 00	1,500 00	0 00	1,500 00	0 00	S/L	5 0
18		Server Upgrades	2/28/09	12,464 80	0 00		0 00	9,556 34	2,492 96	12,049 30	415 50	S/L	5 0
142		Server Upgrade	12/31/13	4,219 00	0 00	c	0 00	0 00	0 00	0 00	4,219 00	Memo	5 0
		Campus Computer Equipment		41,412 85	0 00	c	0 00	34,285 39	2,492 96	36,778 35	4,634 50		
Group: Campus Fixtures													
51		Stage Curtain	8/01/00	5,575 00	0 00		0 00	5,575 00	0 00	5,575 00	0 00	S/L	7 0
52		Signage/Artwork	3/01/00	10,031 81	0 00		0 00	10,031.81	0 00	10,031 81	0 00	S/L	7 0
53		2 Handicapped Access Doors	6/01/00	2,814.00	0 00		0.00	2,814.00	0 00	2,814.00	0 00	S/L	7 0
54		2 Handicapped Access Doors	6/01/00	2,814.00	0 00		0 00	2,814.00	0 00	2,814 00	0 00	S/L	7 0
55		Gutters/Downspouts	5/01/00	4,989 00	0.00		0 00	4,989 00	0.00	4,989.00	0.00	S/L	7.0
56		Boiler Modifications	8/01/00	6,527.00	0.00		0 00	6,527 00	0 00	6,527.00	0.00	S/L	7 0
57		Sound Baffles	11/01/00	6,842 20	0.00		0 00	6,842.20	0 00	6,842 20	0 00	S/L	7.0
58		Lighting	11/01/00	9,700 00	0 00		0 00	9,700 00	0 00	9,700.00	0 00	S/L	7 0
59		Sound Baffles	12/01/00	5,294 85	0.00		0 00	5,294.85	0 00	5,294.85	0 00	S/L	7 0
60		Windows Shades-Gym	3/01/01	1,175 00	0.00		0 00	1,175.00	0 00	1,175 00	0 00	S/L	7.0
61		Fireplace Screen	10/01/99	7,500.00	0 00		0.00	7,500.00	0 00	7,500 00	0 00	200DB	7.0
62		Outside Lighting	1/01/01	3,418.20	0 00		0 00	3,418.20	0 00	3,418.20	0 00	S/L	7 0
63		Lighting	10/01/01	3,389.34	0 00		0 00	3,389 34	0 00	3,389 34	0.00	S/L	7.0
64		Signage	9/01/01	1,950.00	0 00		0.00	1,950.00	0.00	1,950.00	0 00	S/L	7 0
65		Flagpole/Light	5/01/02	3,781 73	0 00		0.00	3,781.73	0 00	3,781.73	0 00	S/L	7.0
66		Portrait	4/01/03	8,186 32	0.00		0.00	8,186.32	0.00	8,186 32	0 00	S/L	7 0
67		9 x 12 Oriental Carpet	11/01/03	14,000 00	0.00		0.00	14,000.00	0 00	14,000 00	0 00	S/L	7.0
68		Condenser Modifications	5/01/05	11,240 60	0.00		0 00	11,240 60	0 00	11,240 60	0 00	S/L	7 0
69		Carpet	6/01/05	2,268 00	0 00		0.00	2,268 00	0.00	2,268 00	0 00	S/L	7 0
70		Handicapped Access Doors	12/30/05	3,333 15	0.00		0 00	3,333.15	0 00	3,333.15	0 00	S/L	7 0
71		Countertops/Cabinets	12/30/05	11,832.37	0 00		0.00	11,832.37	0.00	11,832 37	0 00	S/L	7.0
72		Carpet	12/30/05	13,303.00	0.00		0 00	13,303 00	0 00	13,303.00	0 00	S/L	7 0
73		HVAC Improvements/Upgrades	5/01/06	50,415.00	0.00		0 00	48,014.28	2,400.72	50,415.00	0.00	S/L	7.0
74		Countertops-New Heigts	8/01/06	4,289.50	0 00		0.00	3,932.09	357 41	4,289.50	0 00	S/L	7.0
75		Lightning Arrestor	10/01/06	3,950 00	0 00		0 00	3,526.56	423 44	3,950.00	0 00	S/L	7 0
76		Carpet/Tile	6/01/06	6,578 00	0 00		0 00	6,186 43	391.57	6,578.00	0.00	S/L	7.0
77		Snow Dams	7/01/06	8,140.00	0 00		0 00	7,655.49	484.51	8,140 00	0 00	S/L	7.0
78	d	Water Heater -1	12/01/06	32,370.00	0.00		0.00	28,131.25	0 00	28,131.25	4,238 75	S/L	7.0
79		Carpeting - Stairs	7/01/07	5,126.00	0.00		0 00	4,027.37	732.29	4,759.66	366 34	S/L	7.0
80		Water Heater-2	7/01/07	32,745 00	0.00		0.00	25,728.14	4,677.86	30,406 00	2,339 00	S/L	7.0
81		Poles/Bollards	9/01/07	5,248.85	0 00		0.00	3,998 08	749.84	4,747.92	500 93	S/L	7.0
82		Gymnasium Lights	9/01/07	11,320.00	0 00		0.00	8,624 66	1,617 14	10,241.80	1,078.20	S/L	7 0
83		Condenser Relocation	10/01/07	2,713.00	0 00		0.00	2,034 87	387.57	2,422 44	290 56	S/L	7.0
84		Stone Wall Repair	12/01/07	5,600.00	0.00		0.00	4,066.83	800 00	4,866.83	733 17	S/L	7.0
85		Lighting	12/01/07	5,797 15	0 00		0 00	4,216 02	828.16	5,044 18	752.97	S/L	7 0
86		Ladder System	12/01/07	10,450 00	0 00		0 00	7,588 46	1,492 86	9,081.32	1,368.68	S/L	7.0
87		Carpet-Upstairs Hallway	7/01/08	26,828 00	0 00		0.00	17,246.56	3,832 57	21,079 13	5,748 87	S/L	7.0
88		Gutter Upgrade	2/26/09	5,590 00	0.00		0.00	3,061 19	798.57	3,859 76	1,730.24	S/L	7 0
89		Stone Wall-Children's Playground	8/01/09	14,108.80	0 00		0.00	6,886 44	2,015 54	8,901.98	5,206 82	S/L	7.0
90		Kitchen Wall Upgrade	9/01/09	3,949 51	0.00		0.00	1,880.78	564 22	2,445 00	1,504 51	S/L	7.0
91		Compressor #1	9/09/09	7,795.00	0.00		0 00	3,711.97	1,113 57	4,825.54	2,969 46	S/L	7 0
92		Compressor #2	9/01/10	7,395.00	0.00		0.00	2,465.07	1,056 43	3,521 50	3,873 50	S/L	7 0
93		Gutters-Families First Entrance	9/01/10	4,260 00	0 00		0.00	1,419 93	608.57	2,028 50	2,231 50	S/L	7 0
94		Sump Pump Replacement	9/01/10	5,048.95	0 00		0 00	1,622.93	721 28	2,344.21	2,704.74	S/L	7 0
95		Masonry work/Wall Caps	10/01/10	6,600.00	0 00		0.00	2,121.41	942 86	3,064.27	3,535 73	S/L	7.0
96		Water Pumps/Control board	10/01/10	10,604.15	0.00		0.00	3,408 48	1,514.88	4,923.36	5,680 79	S/L	7.0
97		Re-Caulk Windows-FF Wing	10/01/10	7,480 00	0 00		0 00	2,404 31	1,068.57	3,472.88	4,007.12	S/L	7.0
98		Water Softner System	2/01/11	4,210 00	0 00		0.00	1,052.51	601 43	1,653.94	2,556 06	S/L	7 0
99		Carpet-FF Hallway/Waiting Room	5/01/11	16,579.00	0 00		0 00	3,947.39	2,368 43	6,315.82	10,263 18	S/L	7.0
100		Re-caulk Windows-stone buildings	6/01/11	9,615 00	0 00		0 00	2,174 79	1,373.57	3,548 36	6,066 64	S/L	7.0
101		Masonry Work-Gymnasium side	7/01/11	6,250.00	0.00		0 00	1,339.26	892.86	2,232 12	4,017 88	S/L	7 0
102		Expansion tank	4/01/12	3,525.00	0 00		0 00	377 68	503 57	881 25	2,643 75	S/L	7 0
103		Roof Cricket/Fascia/Scupper (2)	7/01/12	3,485.00	0.00		0.00	248 93	497.86	746 79	2,738.21	S/L	7 0
104		Masonry Work-Rear Gymnasium	7/01/12	7,850 00	0 00		0 00	560.71	1,121 43	1,682 14	6,167 86	S/L	7.0
105		Pump Bypass	7/01/12	2,675 00	0 00		0 00	191 07	382 14	573.21	2,101.79	S/L	7 0
106		Carpet-CCCC Periwinkles Room	7/01/12	2,176.00	0.00		0 00	155 43	310 86	466 29	1,709 71	S/L	7 0
107		Counters-FF Children's room	8/12/12	2,191.00	0 00		0 00	130 42	313 00	443 42	1,747 58	S/L	7 0
108		Tile-Families First	11/01/12	10,271.00	0 00		0 00	244.55	1,467.29	1,711.84	8,559 16	S/L	7.0
109		Counter-Art Room	12/01/12	3,658.00	0 00		0.00	43.55	522.57	566 12	3,091 88	S/L	7 0
110		Movie Room Renovations	12/31/12	8,194 00	0 00		0.00	0 00	1,170.57	1,170 57	7,023 43	S/L	7 0
111		Tile-Families First	12/30/12	15,361 00	0.00		0.00	0 00	2,194 43	2,194.43	13,166 57	S/L	7.0
112		Carpet - CCCC/Headstart	12/31/12	10,331.00	0.00		0.00	0.00	1,475.86	1,475.86	8,855 14	S/L	7.0
140		Carpet replacement	12/17/13	4,671.00	0.00	c	0.00	0.00	0.00	0.00	4,671 00	S/L	7.0
144		Gutter system - Playground	7/01/13	5,600.00	0.00	c	0 00	0.00	400.00	400.00	5,200 00	S/L	7.0

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
145		Masonry - Stone Wall	9/01/13	23,270 00	0 00	c	0.00	0 00	1,108 10	1,108 10	22,161 90	S/L	7 0
		Campus Fixtures		564,279.48	0 00	c	0 00	354,391 46	46,284 40	400,675 86	163,603 62		
		***Less Dispositions and Transfers**		32,370 00	0 00		0 00	28,131 25	0 00	28,131 25	4,238 75		
		Net Campus Fixtures		531,909 48	0 00	c	0 00	326,260 21	46,284 40	372,544 61	159,364 87		
Group Campus Furnishings													
19		Furnishings	10/01/99	436,558 86	0 00		0 00	436,558 86	0 00	436,558.86	0 00	S/L	7 0
20		Chairs	5/01/01	1,842 50	0 00		0 00	1,842 50	0 00	1,842.50	0 00	S/L	7 0
21		Tables/Caddy/Shelving	1/01/00	2,605 11	0 00		0 00	2,605 11	0 00	2,605 11	0 00	S/L	7 0
22		Safety Cabinets	2/01/00	1,197 66	0 00		0 00	1,197 66	0 00	1,197.66	0 00	S/L	7.0
23		Credenza	8/01/00	2,852 40	0 00		0.00	2,852 40	0 00	2,852 40	0 00	S/L	7 0
24		2 Chairs/Table	3/01/00	1,405 73	0 00		0 00	1,405.73	0 00	1,405.73	0 00	S/L	7 0
25		Tables/Chairs/Rack	2/01/00	5,805 10	0 00		0 00	5,805 10	0 00	5,805.10	0 00	S/L	7 0
26		Misc Furnishings - Families First	5/01/00	4,810 87	0.00		0 00	4,810.87	0.00	4,810.87	0.00	S/L	7 0
27		Shelving	8/01/00	5,803 40	0.00		0 00	5,803 40	0.00	5,803 40	0 00	S/L	7.0
		Campus Furnishings		462,881.63	0 00	c	0 00	462,881 63	0 00	462,881 63	0 00		
Group: Campus Other Equipment													
28		Security System	10/01/99	20,159.00	0.00		0 00	20,159.00	0 00	20,159.00	0 00	200DB	5 0
29		Security System Additions	8/01/00	1,185.00	0 00		0.00	1,185 00	0 00	1,185.00	0 00	200DB	5.0
30		Security System Additions	6/01/02	6,505 00	0 00		0 00	6,505 00	0 00	6,505.00	0 00	S/L	5 0
31		Security System Update	4/01/12	1,915.00	0.00		0.00	287.25	383 00	670.25	1,244 75	S/L	5.0
32		Intercom System	8/01/00	18,189.50	0 00		0 00	18,189.50	0 00	18,189.50	0 00	200DB	5.0
33		Portable Sound System	4/01/00	2,298.00	0 00		0.00	2,298.00	0 00	2,298.00	0 00	200DB	5.0
34		Playground Equipment	10/01/99	55,914 00	0.00		0.00	55,914 00	0 00	55,914 00	0 00	S/L	7.0
35		Picnic Tables/Umbrellas	5/01/00	4,772.00	0.00		0.00	4,772.00	0 00	4,772.00	0 00	S/L	7 0
36		Storage Shed	5/01/00	1,768 00	0.00		0.00	1,768.00	0.00	1,768.00	0.00	S/L	7 0
38		Bike Racks	5/01/00	1,990.00	0 00		0 00	1,990.00	0.00	1,990.00	0 00	S/L	7.0
39		Fitness Trail Equipment	6/01/00	10,843.00	0 00		0 00	10,843.00	0 00	10,843.00	0 00	S/L	7.0
40		Fencing-Basketball Court	6/01/00	3,875 00	0.00		0 00	3,875 00	0 00	3,875 00	0 00	S/L	7.0
42		Generator	3/01/01	1,165.68	0.00		0 00	1,165 68	0 00	1,165 68	0 00	S/L	7 0
43		Storage Container	6/01/01	3,675.00	0.00		0.00	3,675.00	0 00	3,675.00	0 00	S/L	7 0
44		Lawnmower	4/01/03	2,619 98	0.00		0 00	2,619 98	0.00	2,619 98	0 00	S/L	7.0
45		Lawnmower	6/01/04	2,789.98	0 00		0 00	2,789 98	0 00	2,789 98	0 00	S/L	5 0
46		Lawnmower	9/01/05	1,999 99	0.00		0.00	1,999.99	0 00	1,999 99	0 00	S/L	5.0
47		Floor Scrubber	12/01/06	4,296.00	0.00		0 00	4,296 00	0.00	4,296.00	0 00	S/L	5.0
48		Utility Tractor	10/15/07	2,999 99	0.00		0 00	2,999.99	0.00	2,999 99	0 00	S/L	5 0
49		Storage Container	10/01/07	7,680 60	0.00		0.00	5,760.67	1,097.23	6,857.90	822 70	S/L	7.0
50		Lightning Burnisher	2/01/12	1,218 18	0.00		0.00	223.33	243 64	466.97	751.21	S/L	5 0
139		Portable lift	5/01/00	5,488 00	0.00		0.00	5,488.00	0.00	5,488 00	0 00	S/L	7 0
141		Lawn mower/grass catcher	12/10/13	10,101 40	0 00	c	0 00	0 00	168 36	168 36	9,933.04	S/L	5.0
		Campus Other Equipment		173,448.30	0.00	c	0 00	158,804 37	1,892 23	160,696 60	12,751 70		
Group: Computer Equipment													
1		Dell 64	11/01/10	1,307 00	0.00		0 00	566 32	261 40	827 72	479.28	S/L	5.0
9		Dell 31-Bit	11/01/10	1,898 21	0.00		0 00	822 60	379 64	1,202.24	695 97	S/L	5.0
13		TV/VCR/Cart	8/01/00	1,667 00	0 00		0.00	1,667.00	0.00	1,667.00	0.00	S/L	7.0
14		SVGA Notebook Projector	10/01/02	2,795 00	0 00		0.00	2,795.00	0 00	2,795 00	0 00	S/L	7.0
143		Website design	12/31/13	7,170.00	0.00	c	0 00	0.00	0.00	0 00	7,170 00	Memo	5 0
		Computer Equipment		14,837 21	0 00	c	0 00	5,850 92	641 04	6,491 96	8,345 25		
Group: Facility													
124		Facility - Phase I	12/01/99	9,577,619 51	0 00		0.00	3,122,703 06	239,440 49	3,362,143.55	6,215,475 96	S/L	40.0
125		Construction Period Interest	12/01/99	518,266 10	0 00		0.00	176,676.68	12,956 65	189,633.33	328,632 77	S/L	40.0
126		Additional Facility Costs	3/01/00	33,985.00	0 00		0 00	10,868 18	849 63	11,717 81	22,267 19	S/L	40.0
		Facility		10,129,870.61	0.00	c	0 00	3,310,247 92	253,246 77	3,563,494 69	6,566,375 92		
Group: Foundation Furniture													
2		Ergonomic Chairs	9/05/95	1,569 00	0 00		0 00	1,569 00	0.00	1,569 00	0 00	200DB	5 0
3		Ambi Chairs	9/20/99	990.00	0.00		0 00	990.00	0 00	990 00	0 00	200DB	7.0
4		FSH Furnishings	10/01/99	45,150 11	0 00		0.00	45,150 11	0 00	45,150 11	0 00	200DB	7 0
5		Boardroom Table	8/01/00	2,068 80	0 00		0 00	2,068 80	0 00	2,068.80	0 00	S/L	7.0
6		Projection Cart	3/01/00	820 80	0 00		0.00	820.80	0.00	820 80	0.00	S/L	7 0
7		Conference Table	5/01/01	1,293 17	0 00		0 00	1,293 17	0 00	1,293.17	0 00	S/L	7.0
		Foundation Furniture		51,891 88	0.00	c	0 00	51,891.88	0 00	51,891 88	0 00		
Group: Kitchen Furnishings													
113		Kitchen Equipment	10/01/99	134,131 88	0 00		0 00	134,131 88	0 00	134,131 88	0.00	200DB	7 0
114		Warming Table	5/01/06	3,436 26	0.00		0 00	3,272.09	164 17	3,436.26	0 00	S/L	7 0
115	d	Cash Register	6/01/06	2,125 50	0.00		0 00	1,998 97	126.53	2,125 50	0 00	S/L	7.0
116		Dishwasher Heating Element	10/01/06	3,014.38	0 00		0.00	2,691 69	322 69	3,014 38	0 00	S/L	7 0
117		Oven	9/01/08	6,270 00	0 00		0.00	3,881 40	895 71	4,777 11	1,492 89	S/L	7 0
118		Drop-in Units-Display	10/01/09	1,135 00	0 00		0 00	526 91	162 14	689 05	445 95	S/L	7 0
119		Ice Machine	9/01/10	3,377 77	0 00		0.00	1,125 90	482.54	1,608 44	1,769 33	S/L	7 0
120		Garbage Disposal	4/04/11	3,052.00	0.00		0 00	762.97	436 00	1,198 97	1,853.03	S/L	7 0
121		Appliances - Teaching Kitchen	4/01/11	2,047.00	0.00		0 00	511.76	292 43	804 19	1,242.81	S/L	7 0

Asset d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
122	Teaching Kitchen Renovations	5/01/11	12,047 51	0 00	0.00	2,868 43	1,721.07	4,589.50	7,458 01	S/L	7 0
123	Charbroiler	12/01/12	1,269 00	0 00	0.00	15 11	181 29	196 40	1,072 60	S/L	7 0
	Kitchen Furnishings		171,906 30	0 00 c	0.00	151,787 11	4,784 57	156,571.68	15,334 62		
	***Less: Dispositions and Transfers**		2,125 50	0 00	0 00	1,998 97	0 00	2,125 50	0 00		
	Net Kitchen Furnishings		169,780 80	0 00 c	0.00	149,788 14	4,784 57	154,446.18	15,334 62		
Group: Land Improvements											
127	Land Improvements #1	12/01/99	1,847,291 60	0 00	0 00	1,662,562 41	123,152 77	1,785,715 18	61,576 42	S/L	15 0
128	Misc Land Improvements #2	6/01/00	19,230 47	0.00	0.00	16,025 38	1,282 03	17,307 41	1,923 06	S/L	15 0
129	Misc Land Improvements #3	7/01/00	19,718 63	0 00	0.00	16,432 25	1,314 58	17,746 83	1,971 80	S/L	15 0
130	Misc Land Improvements #4	8/01/00	32,782 89	0 00	0 00	27,319.12	2,185 53	29,504 65	3,278 24	S/L	15 0
131	Misc. Land Improvements #5	9/01/00	17,871 61	0 00	0 00	14,893 00	1,191 44	16,084 44	1,787 17	S/L	15 0
132	Misc Land Improvements #6	10/01/00	10,400.00	0 00	0 00	8,666 63	693.33	9,359 96	1,040 04	S/L	15.0
133	Misc Land Improvements #7	11/01/00	20,152 94	0 00	0.00	16,794 12	1,343 53	18,137 65	2,015 29	S/L	15 0
134	Improvements - Quarry Rd	12/31/01	8,299 06	0 00	0.00	6,270 39	553 27	6,823 66	1,475 40	S/L	15 0
135	Improvements - Walking Trails	12/31/01	25,142.96	0 00	0.00	18,717 57	1,676 20	20,393 77	4,749 19	S/L	15 0
136	Improvements - Jap Garden	5/31/02	5,961.25	0 00	0 00	4,206 03	397 42	4,603 45	1,357 80	S/L	15 0
137	Improvements - Site B	9/30/09	956,271 00	0 00	0 00	207,192.14	63,751 40	270,943 54	685,327 46	S/L	15.0
138	Improvements - Quarry Road	1/01/08	34,282 30	0 00	0.00	0.00	0.00	0 00	34,282 30	Memo	15 0
	Land Improvements		2,997,404 71	0 00 c	0 00	1,999,079.04	197,541 50	2,196,620 54	800,784 17		
	Grand Total		14,607,932.97	0.00 c	0.00	6,529,219.72	506,883 47	7,036,103.19	7,571,829.78		
	Less: Dispositions and Transfers		34,495 50	0.00	0 00	30,130.22	0 00	30,256 75	4,238 75		
	Net Grand Total		14,573,437 47	0.00 c	0 00	6,499,089 50	506,883 47	7,005,846 44	7,567,591 03		

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	$ 196,158	$ 140,112	$ 140,112
PREPAID FEDERAL TAXES	5,933		
TOTAL	$ 202,091	$ 140,112	$ 140,112

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

Description	Beginning of Year	End of Year
SALARIES/PAYROLL TAXES PAYABLE	$ 20,757	$ 4,357
PAYROLL TAXES PAYABLE		1,695
RENTAL DEPOSITS		1,000
BOND INTEREST PAYABLE		3,101
SCHOLARSHIPS PAYABLE		500
INVESTMENT MGT FEE PAYABLE		1,344
FEDERAL TAX PAYABLE		16,218
TOTAL	$ 20,757	$ 28,215

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

Description	Amount
SFAS 124 FMV - 2013 GAIN(LOSS)	$ 3,417,639
TOTAL	$ 3,417,639

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

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

Foreign Country in which Financial Account is Held

Foreign Country Code	Foreign Country Name
CJ	CAYMAN ISLANDS

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

Description
SEE ATTACHED BROCHURES

Federal Statements

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, CHILDREN AND ADOLESCENT PROGRAMS - October 1st

PROMOTING HEALTH AND PREVENTING DISEASE - October 1st

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

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

Download application & reporting forms:

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

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

TO CONTINUE EXISTING OPERATION GRANTS PROPOSAL COMPONENTS

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

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

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

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

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

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

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

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

8. Describe the cost/benefit of your program.

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

program to have on your community?

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

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

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

ATTACHMENTS

With all proposals, please attach in the following order:

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

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

PROPOSAL COVER SHEET

Please type your response or duplicate this form on your computer

Date:

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

Address: **E-mail Address:**

CEO/ExecutiveDirector:

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

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

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

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

Total Operating Budget: $

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

PLEASE PROVIDE BRIEF DESCRIPTION OF PROPOSED PROJECT:

☐
☐
☐
☐
☐

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

ORGANIZATION PROFILE

Describe current services provided by the applicant organization:

Geographical area served: _____

_____

Year founded: _____

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

Number of Directors/Trustees: _____

Number of Volunteers: _____

Other: (describe) _____

_____

FINANCIAL SUMMARY

Provide information from most recent audit or annual financial statement:

Last Fiscal Year (FY) ended date $ _____

Last FY total expenditures * $ _____

Last FY total income $ _____

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

☐ _____

☐ _____

☐ _____

☐ _____

Total Net Assets $ _____

Current (Projected) FY

Operating budget $ _____

LAST FISCAL YEAR

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

PROJECT REVENUE AND EXPENSE BUDGET

Dates:_____ to_____

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

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

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

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

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

FOUNDATION
for Seacoast Health

Foundation Offices at the Community Campus

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

GRANT REPORT

Organization: _____

Grant: _____

Reporting Period: _____

Form completed by: _____

Please use this checklist when submitting this report:

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

☐ *Grant expense statement. Please use attached form.*

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

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

REPORT NARRATIVE

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

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

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

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

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

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

FOUNDATION FOR SEACOAST HEALTH

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

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

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

603.422.0200
ffsh@communitycampus.org

Scholarship Program

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

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

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

Edwina Foye Award for Outstanding Graduate Student

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

Steven Cutter Award for Outstanding Undergraduate Student

The Steven Scott Cutter scholarship was established by the Board of Trustees in 1999 in memory of Steven, son of Nancy L. Cutter, Foundation for Seacoast Health Administration Executive. Steven was a 1989 graduate of St. Thomas Aquinas High School and a 1994 graduate of the University of Connecticut College of Pharmacy. The Steven Scott Cutter Scholarship will be awarded at the Foundation's Annual Meeting in April to an outstanding undergraduate student who is a resident in one of the nine towns in the Foundation area and who is pursuing a health-related field of study.

Eligibility

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

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

Selection Process

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

Application Review Criteria

- Academic Excellence (National Test Scores, Grade Point Average, and Course Difficulty)
- Financial Need (Optional)

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

Distribution of Awards

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

Obligations of Award Recipients

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

Financial Aid

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

Additional Information

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

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

How to Apply

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

All candidates must submit scores from appropriate tests (see list below) prior to the scholarship application deadline even if test scores are not required by schools for admittance. Scores from tests administered prior to 2005 are inadmissible for traditional students. Non-traditional students (individuals returning to school after an extended absence of 5 years or more) should contact the Foundation for Seacoast Health office for further clarification.

Required Test Scores

Graduate Students

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

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

Undergraduate Students

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

Application Forms

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

- **Scholarship Application**

- **Application Checklist**
  See checklist for required attachments to application

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

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

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

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

FOUNDATION FOR SEACOAST HEALTH

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

Scholarship Forms

SCHOLARSHIP APPLICATION

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

STUDENT ASSESSMENT FORM (THREE REQUIRED)

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

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

APPLICATION CHECKLIST

SEE CHECKLIST FOR REQUIRED ATTACHMENTS TO APPLICATION.

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

603 422-8200
fish@communitycampus.org

Submit

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 1st

GENERAL INFORMATION

STUDENT NAME _____
Last First MI

PERMANENT RESIDENCE _____
Street

_____
City State Zip

E-MAIL ADDRESS _____

PREFERRED MAILING ADDRESS _____
Street

_____
City State Zip

CURRENT TELEPHONE _____ _____ _____
Home Work School

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

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

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

*Non-Traditional _____No. of Years Since Last Enrolled

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

FOR SCHOOL OFFICIAL ONLY

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

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

If not using computer, please type or print.

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

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

THROUGH THE FOLLOWING COURSE OF STUDY _____
(Major)

_____ _____
School Official's Signature Daytime Telephone Number

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

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

If not using a computer, please print or type.

EDUCATIONAL INFORMATION

Current or proposed health-related field of study_____

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

School _____ City_____ State_____

Projected year in program, beginning in September of application year: ☐ 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 older than 5 years are inadmissible for traditional students. Non-traditional students (individuals returning to school after an extended absence) should contact the Foundation for Seacoast Health office regarding test scores. **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 prior to submission of scholarship application.

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

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

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

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

_____ _____
(Witness) (Student's Signature)

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

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

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**.

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

Print Submit

Submit

FOUNDATION FOR SEACOAST HEALTH
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 1st in a sealed envelope with the appraiser's signature across the seal.** Please note that legibility and thoughtfulness of recommendations are important to the consideration of candidate eligibility.

Please Type or Print

Applicant's Name_____

Appraiser's Name_____ Title_____

Professional Association with Applicant_____

Affiliation of Appraiser (Institution/Agency)_____

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

STUDENT ASSESSMENT

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

_____ _____

Appraiser's Signature Date

See Reverse Side

STATEMENT OF SUPPORT
(Side Two)

PLEASE TYPE

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

Print Submit

Appraiser's Signature

Date

Form **990-PF**

Mortgages and Other Notes Payable

For calendar year 2013, or tax year beginning , and ending

2013

Name

FOUNDATION FOR SEACOAST HEALTH

Employer Identification Number

02-0386319

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

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

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	6,455,000	09/30/98	06/01/28		
(2)	8,340,000	09/30/98	06/01/28		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	NEW BUILDING	NEW BUILDING
(2)	NEW BUILDING	NEW BUILDING
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		6,455,000	6,455,000
(2)		5,340,000	4,340,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		11,795,000	10,795,000