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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

2014

Open to Public Inspection

For calendar year 2014 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) ▶ $ 39,241,566

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)	7,360			
	2	Check ▶ ☒ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	384,524	384,524		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	463,682			
	b	Gross sales price for all assets on line 6a 4,202,154				
	7	Capital gain net income (from Part IV, line 2)		463,682		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule) STMT 1	487,852		487,852	
	12	**Total.** Add lines 1 through 11	1,343,418	848,206	487,852	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	102,904			99,103
	14	Other employee salaries and wages	52,963			52,963
	15	Pension plans, employee benefits	49,402	3,000		47,593
	16a	Legal fees (attach schedule) SEE STMT 2	250			250
	b	Accounting fees (attach schedule) STMT 3	30,775			29,075
	c	Other professional fees (attach schedule) STMT 4	80,481	50,496		29,370
	17	Interest	139,601		41,958	84,608
	18	Taxes (attach schedule) (see instructions) STMT 5	15,534			
	19	Depreciation (attach schedule) and depletion STMT 6	453,777		135,533	
	20	Occupancy	2,437			2,437
	21	Travel, conferences, and meetings	8,990			9,034
	22	Printing and publications	8,235			7,795
	23	Other expenses (att sch) STMT 7	1,139,307	18,028	311,530	799,116
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,084,656	71,524	489,021	1,161,344
	25	Contributions, gifts, grants paid	631,135			641,135
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,715,791	71,524	489,021	1,802,479
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-1,372,373			
	b	**Net investment income** (if negative, enter -0-)		776,682		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets 1	Cash – non-interest-bearing	753,793	1,333,821	1,333,821
2	Savings and temporary cash investments	8,397	7,500	7,500
3	Accounts receivable ▶ 21,991			
	Less allowance for doubtful accounts ▶	4,200,719	21,991	21,991
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	78	27,319	27,319
10a	Investments – U S and state government obligations (attach schedule)			
b	Investments – corporate stock (attach schedule) SEE STMT 8	24,347,437	24,281,784	24,281,784
c	Investments – corporate bonds (attach schedule) SEE STMT 9	4,983,723	3,216,036	3,216,036
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 ▶ 17,719,984			
	Less accumulated depreciation (attach sch) ▶ STMT 10 7,428,048	10,574,172	10,291,936	10,291,936
15	Other assets (describe ▶ SEE STATEMENT 11)	140,112	61,179	61,179
16	**Total assets** (to be completed by all filers – see the instructions Also, see page 1, item I)	45,008,431	39,241,566	39,241,566
Liabilities 17	Accounts payable and accrued expenses	45,697	88,459	
18	Grants payable	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	10,795,000	6,350,000	
22	Other liabilities (describe ▶ SEE STATEMENT 12)	28,215	32,850	
23	**Total liabilities** (add lines 17 through 22)	10,878,912	6,471,309	
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	33,503,043	32,115,380	
25	Temporarily restricted	346,756	375,157	
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)	34,129,519	32,770,257	
31	**Total liabilities and net assets/fund balances** (see instructions)	45,008,431	39,241,566	

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	34,129,519
2	Enter amount from Part I, line 27a	2	-1,372,373
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 13	3	3,430,750
4	Add lines 1, 2, and 3	4	36,187,896
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 14	5	3,417,639
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	32,770,257

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	463,682
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))
2013	1,790,202	32,575,969	0.054955
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

2	Total of line 1, column (d)	2	0.484736
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	0.096947
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	30,569,085
5	Multiply line 4 by line 3	5	2,963,581
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	7,767
7	Add lines 5 and 6	7	2,971,348
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	1,967,400

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	15,534
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	15,534
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	15,534
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a 34,800		
b	Exempt foreign organizations – tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	34,800
8	Enter any **penalty** for underpayment of estimated tax Check here ☒ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	19,266
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 19,266 **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 2014 or the taxable year beginning in 2014 (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

			Yes	No
16	At any time during calendar year 2014, 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 FinCEN Form 114, (formerly 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 2014? 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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ 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 2014 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 2014) 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 2014?	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 4945(d)(4)(A)? (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
DEBRA S. GRABOWSKI 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	EXECUTIVE DI 32.00	102,904	30,837	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	65,552	7,164	0
NOREEN M. HODGDON 100 CAMPUS DRIVE, SUITE 1 PORTSMOUTH NH 03801	ADMIN. COORD 40.00	49,055	14,739	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	28,941,211
b	Average of monthly cash balances		1b	2,093,393
c	Fair market value of all other assets (see instructions)		1c	0
d	Total (add lines 1a, b, and c)		1d	31,034,604
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	31,034,604
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions)		4	465,519
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	30,569,085
6	**Minimum investment return.** Enter 5% of line 5		6	1,528,454

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	1,528,454
2a	Tax on investment income for 2014 from Part VI, line 5	2a 15,534		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	15,534
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,512,920
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	1,512,920
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	1,512,920

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	1,802,479
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	164,921
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	1,967,400
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	1,967,400

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 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				1,512,920
2	Undistributed income, if any, as of the end of 2014				
a	Enter amount for 2013 only				
b	Total for prior years 20 ____ , 20 ____ , 20 ____				
3	Excess distributions carryover, if any, to 2014				
a	From 2009 2,523,780				
b	From 2010 1,273,584				
c	From 2011 4,176,933				
d	From 2012 434,609				
e	From 2013 196,022				
f	**Total** of lines 3a through e	8,604,928			
4	Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 1,967,400				
a	Applied to 2013, 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 2014 distributable amount				1,512,920
e	Remaining amount distributed out of corpus	454,480			
5	Excess distributions carryover applied to 2014 (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	9,059,408			
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 2013 Subtract line 4a from line 2a Taxable amount – see instructions				
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	2,523,780			
9	**Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	6,535,628			
10	Analysis of line 9				
a	Excess from 2010 1,273,584				
b	Excess from 2011 4,176,933				
c	Excess from 2012 434,609				
d	Excess from 2013 196,022				
e	Excess from 2014 454,480				

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 2014, 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) 2014	(b) 2013	(c) 2012	(d) 2011	
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				
2014 GRANTS PAID			(SEE SCHEDULE)	616,600
2013 GRANTS PAID			(SEE SCHEDULE)	10,000
2014 GIFTS/CONTRIBUTIONS PAID			(SEE SCHEDULE)	5,035
2014 SCHOLARSHIPS PAID			(SEE SCHEDULE)	10,000
2013 SCHOLARSHIPS RESCINDED			(SEE SCHEDULE)	-500
Total			▶ 3a	641,135
b Approved for future payment				
N/A				
Total			▶ 3b	

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	489,021	
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 Dividends and interest from securities			14	384,524	
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	463,682	
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	-1,169	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		1,336,058	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,336,058

(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 4/24/15 | Title TREASURER

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	04/20/15	

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

Form **990-PF**

Capital Gains and Losses for Tax on Investment Income

2014

For calendar year 2014, or tax year beginning , and ending

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)	97009.915 PIMCO INCOME FUND	P	VARIOUS	10/07/14
(2)	6090.134 LOOMIS SAYLES HIGH GRADE BD	P	VARIOUS	05/01/14
(3)	21492.438 COLCHESTER GLOBAL BOND FD	P	VARIOUS	04/03/14
(4)	6770.481 ARTISAN INTERNATIONAL FD	P	VARIOUS	04/15/14
(5)	6122.762 VANGAURD ENERGY FD ADMIRAL	P	VARIOUS	04/14/14
(6)	14989.293 DODGE & COX INTL FUND	P	VARIOUS	06/12/14
(7)	5372.878 DODGE & COX INTL FUND	P	VARIOUS	09/12/14
(8)	196.309 BLACKSTONE RESOURCE FUND	P	VARIOUS	05/29/14
(9)	CAPITAL GAINS DISTRIBUTION			
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1)	1,125,315		1,137,848	-12,533
(2)	100,000		74,495	25,505
(3)	700,000		648,060	51,940
(4)	200,000		193,555	6,445
(5)	800,000		783,866	16,134
(6)	700,000		489,359	210,641
(7)	250,000		175,410	74,590
(8)	200,000		235,879	-35,879
(9)	126,839			126,839
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

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

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)				-12,533
(2)				25,505
(3)				51,940
(4)				6,445
(5)				16,134
(6)				210,641
(7)				74,590
(8)				-35,879
(9)				126,839
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

FOUNDATION FOR SEACOAST HEALTH **02-0386319**
Form 990PF - 12/31/14
Part VIII, Line 1:

BOARD OF TRUSTEES/OFFICERS - 2014

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

Timothy Durkin
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

Daniel Plummer
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

Mark Jacobs, MD
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 – 2014

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

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

John J. Hebert
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

BYLAWS

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

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

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

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

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

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

SECTION II. MEMBERS

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

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

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

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

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

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

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

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

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

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

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

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

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

If an annual meeting is not held as herein provided, a special meeting may be held in place thereof with the same force and effect as the annual meeting, and in such case all

references to these Bylaws to the annual meeting shall be deemed to refer to such special meeting.

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

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

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

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

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

2.11 Action by Vote. Each Member shall have one (1) vote. When a quorum is present at any meeting, in person, or by proxy, a majority of the votes properly cast by Members shall decide any question, unless otherwise provided by law, the Articles of Agreement or these Bylaws.

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

2.13 Action by Writing. Any action required or permitted to be taken at any meeting of the Members may be taken without a meeting if all Members eligible to vote on the matter consent to the action in writing and the written consents are filed with the records of the meetings of the Members. Such consents shall be treated for all purposes as a vote at a meeting.

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

SECTION III. BOARD OF TRUSTEES

3.1 Numbers, Election, Qualifications and Tenure. The Board of Trustees of the corporation, acting as the board of directors, shall consist of not less than ten (10) nor more than fifteen (15) Members elected by the Members.

Trustees may be elected by the Members to serve not more than three (3) terms of three (3) years each. If a Trustee has served the maximum number of consecutive terms, as described above, he or she may, after a hiatus from service on the Board of Trustees of at least one year, be elected by the Members to additional terms, subject to the term limits set forth in this Section 3.1.

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

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

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

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

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

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

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

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

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

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

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

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

3.12 Quorum. At any meeting of the Board of Trustees, a majority of the Trustees then in office shall constitute a quorum. Any meeting may be adjourned to such later date or dates by a majority of the votes cast upon the question, whether or not a quorum is present, and the meeting may be held as adjourned without further notice.

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

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

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

3.16 Presence through Communications Equipment. Trustees may participate in a meeting of the Board of Trustees by means of a conference telephone or similar communications

equipment by means of which all persons participating in the meeting can hear each other at the same time and participation by such means shall constitute presence in person at a meeting.

3.17 Conflict of Interest. The corporation's current Conflict of Interest Policy is Attachment 3.17 hereto. The Policy may be amended, or replaced, by a vote of the Board of Trustees.

SECTION IV. COMMITTEES

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

4.2 The Governance Committee. The Chairman of the Board of Trustees shall nominate and the Board of Trustees will elect the Committee Chairman, who shall himself or herself be a Trustee. In consultation with the Committee Chairman, the Chairman of the Board of Trustees shall nominate and the Board of Trustees will elect members of the Governance Committee, consisting of a minimum of five members (at least three (3) of whom shall be Trustees, but not Officers), whose term of office as members of the Governance Committee shall last one (1) year. In general, no member of the Governance Committee shall serve more than three (3) terms. The Governance Committee shall nominate candidates to be Members and to be Trustees.

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

SECTION V. OFFICERS AND AGENTS

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

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

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

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

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

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

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

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

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

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

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

SECTION VI. GENERAL PROVISIONS

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

6.2 **Amendments**. These Bylaws may be altered, amended, or repealed by a two-third (2/3) majority action of the Board of Trustees.

6.3 **Indemnification**. The corporation shall, to the extent legally permissible under the laws of the State of New Hampshire and only to the extent that the status of the corporation as an organization exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as such may be amended from time to time, is not adversely affected thereby, indemnify each person who is or was a Member, Trustee, Officer, employee or agent of the corporation (including persons who serve or served at its request as Members, Trustees, Directors, Officers,

employees or agents of another organization in which it has an interest), with any and all such persons hereinafter sometimes referred to as "person" or "persons," against all liabilities and expenses, including amounts paid in satisfaction of judgments, as fines and penalties, and counsel fees, reasonably incurred by him or her in connection with the defense or disposition of any action, suit or other proceeding, whether civil, criminal, administrative or otherwise, in which he or she may be involved or with which he or she may be threatened, while in office or thereafter, by reason of his or her being or having been associated with the corporation, only in accordance with the terms of this Section 6.3.

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

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

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

6.4 Nondiscrimination Policy. The policy of the corporation prohibits discrimination on the basis of sex, religion, color, creed, national or ethnic origin, or marital or parental status in the recruitment and employment of employees, in the awarding and acceptance of grants and funds, and in the operation of all programs and services.

As Amended:

January 16, 1985
March 4, 1985
April 8, 1986
April 19, 1988
April 16, 1996
April 15, 2008

April 21, 2009
April 19, 2011
April 16, 2013
April 15, 2014

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	$ 489,021	$	$ 489,021
DISPOSAL OF ASSETS	-1,169		-1,169
TOTAL	$ 487,852	$ 0	$ 487,852

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT LEGAL FEES	$ 250	$	$	$ 250
TOTAL	$ 250	$ 0	$ 0	$ 250

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	$ 30,775	$	$	$ 29,075
TOTAL	$ 30,775	$ 0	$ 0	$ 29,075

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT CONSULTANTS	$ 50,496	$ 50,496	$	$
BENEFITS ADMINISTRATOR	4,985			4,985
CONSULTANTS	25,000			24,385
TOTAL	$ 80,481	$ 50,496	$ 0	$ 29,370

Federal Statements

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	$ 15,534	$	$	$
TOTAL	$ 15,534	$ 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		$	$			$ 2,841	$	$
TOTAL		$ 0	$ 0			$ 2,841	$ 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	181,862		54,660	127,202
PAYROLL RELATED EXPENSES	55,097		16,560	38,537
LEGAL	1,209		363	846
CONSULTANTS	7,666		2,304	5,362
MEETING EXPENSE	800		240	560
OFFICE EXPENSE	1,883		566	1,317
ENVIRONMENTAL SERVICES	7,304		2,195	5,109
FINANCING COSTS	235,911		70,905	165,006
COMMUNICATIONS	6,984		2,099	4,885
COLLABORATIVE PROJECTS & TECH	12,356		3,714	8,642
SECURITY	10,569		3,177	7,392
INSURANCE	34,182		10,274	23,908
CLEANING/MAINT/REPAIRS	165,868		49,853	116,015

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
SUPPLIES	$ 36,776	$	$ 11,053	$ 25,723
UTILITIES	277,218		83,320	193,898
PUBLICATIONS	678		204	474
MISCELLANEOUS	142		43	99
EXPENSES				
COMMUNITY CAMPUS FOOD SERVICE	48,852			48,852
ADJUST COMMUNITY CAMPUS EXPENSES FROM ACCRUAL TO CASH				-12,110
OFFICE	10,394			10,942
POSTAGE	941			1,213
EQUIPMENT MAINTENANCE	3,799			4,281
DUES & SUBSCRIPTIONS	611			611
INSURANCE	11,342			11,342
TRUST MANAGEMENT FEES	18,028	18,028		
STATE FILING FEES	75			75
SPECIAL PROJECTS/FORUMS	8,395			8,935
TAX PENALTY	365			
TOTAL	$ 1,139,307	$ 18,028	$ 311,530	$ 799,116

Statement 8 - 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	$ 24,347,437	$ 24,281,784	MARKET	$ 24,281,784
TOTAL	$ 24,347,437	$ 24,281,784		$ 24,281,784

Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	$ 4,983,723	$ 3,216,036	MARKET	$ 3,216,036
TOTAL	$ 4,983,723	$ 3,216,036		$ 3,216,036

Statement 10 - 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)	$ 200,431	$ 1,586,128	$ 1,278,721	$ 307,407
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	800,785	2,997,405	2,332,586	664,819
FACILITY - PHASE I	6,566,376	10,129,871	3,816,741	6,313,130
TOTAL	$ 10,574,172	$ 17,719,984	$ 7,428,048	$ 10,291,936

Foundation for Seacoast Health **02-0386319**
Form 990PF-12/31/14
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-12/31/14
Part II, Line 10c, Investments/Bonds:

	Investments/Bonds	BOOK VALUE	MARKET VALUE
Fixed Income Funds:			
78,841.764	Loomis Sayles Corporate Bond Fund	963,344	1,334,791
58,994.387	Colchester Global Fixed Income Fund	1,843,229	1,881,245
	Fixed Income Funds	**$2,806,573**	**$3,216,036**

Foundation for Seacoast Health **02-0386319**
Form 990PF-12/31/14
Part II, Line 10b, Investments/Corporate Stock

	Investments/Corporate Stock	BOOK VALUE	MARKET VALUE
Equity Funds:			
44,509 334	Dodge & Cox International Stock Fund	1,462,823	1,874,288
64,563 146	Artisan International Institutional Fund	1,846,972	1,946,579
143,970 128	Vanguard Total Stock Market Index Fund (Admiral)	4,879,994	7,428,859
37,969.755	Eaton Vance Emerging Markets Fund	1,923,685	1,748,507
17,512.335	T. Rowe Price Balanced Fund (Perm Restricted)	329,257	400,857
11,029.341	T. Rowe Price Balanced Fund (Indigent)	199,948	252,462
	Adamas Opportunities	3,000,009	3,086,505
	Total Equity Funds	**$13,642,688.00**	**$16,738,057.00**
Flexible Capital Investments:			
3,500.000	Forester Diversified, Ltd.	3,725,635	4,638,881
	Total Flexible Capital Investments	**$3,725,635.00**	**$4,638,881.00**
Inflation Hedging Investments:			
14,875.983	Vanguard Energy Fund (Admiral)	1,878,063	1,497,416
1,872.546	Blackstone Resource Fund	2,014,121	1,407,430
	Total Inflation Hedging Investments	**$3,892,184.00**	**$2,904,846.00**
	TOTAL EQUITIES	**$21,260,507.00**	**$24,281,784.00**

Tax Asset Detail 1/01/14 - 12/31/14

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: CAMPUS COMPUTER EQUIPMENT												
25		SERVER/PANELS/ROUTER/POR	10/01/99	21,304.05	0 00	0.00	21,304.05	0.00	21,304.05	0 00	200DB	5.0
29		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
109		COMPUTER FOR SECURITY PR	8/15/06	1,500 00	0.00	0 00	1,500 00	0.00	1,500.00	0 00	S/L	5 00
134		SERVER UPGRADES	12/31/08	12,464.80	0 00	0.00	12,049 34	415.46	12,464.80	0 00	S/L	5 00
172		SERVER UPGRADE	5/01/14	5,469 00	0.00c	0.00	0.00	729.20	729.20	4,739.80	S/L	5.00
		CAMPUS COMPUTER EQUIPMENT		42,662.85	0 00c	0.00	36,778.39	1,144 66	37,923.05	4,739.80		
Group: CAMPUS FIXTURES												
34		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
45		STAGE CURTAIN	8/01/00	5,575.00	0 00	0.00	5,575 00	0.00	5,575.00	0.00	200DB	7 0
46		SIGNAGE/ARTWORK	2/15/00	10,031 81	0 00	0 00	10,031.81	0.00	10,031.81	0 00	200DB	7 0
47		2 HANDICAPPED ACCESS DOOI	6/01/00	2,814.00	0.00	0.00	2,814.00	0 00	2,814.00	0 00	200DB	7.0
48		GUTTERS/DOWNSPOUTS	5/01/00	4,989 00	0.00	0.00	4,989.00	0.00	4,989.00	0 00	200DB	7.0
49		BOILER MODIFICATIONS	8/01/00	6,527.00	0.00	0 00	6,527.00	0.00	6,527.00	0 00	200DB	7.0
60		SOUND BAFFLES	11/15/00	6,842 20	0 00	0 00	6,842.20	0.00	6,842.20	0 00	200DB	7.0
61		LIGHTING	11/15/00	9,700.00	0.00	0 00	9,700.00	0 00	9,700 00	0 00	200DB	7.0
62		SOUND BAFFLES	12/15/00	5,294.85	0.00	0.00	5,294.85	0 00	5,294.85	0 00	200DB	7 0
67		2 HANDICAPPED ACCESS DOOI	3/15/01	2,814.00	0 00	0 00	2,814.00	0.00	2,814.00	0 00	200DB	7.0
68		WINDOW SHADES-GYM	3/15/01	1,175.00	0.00	0 00	1,175.00	0.00	1,175.00	0 00	200DB	7.0
69		OUTSIDE LIGHTING	1/15/01	3,418.20	0 00	0 00	3,418 20	0.00	3,418.20	0.00	200DB	7 0
84		LIGHTING	10/01/01	3,389.34	0.00	0.00	3,389.34	0.00	3,389 34	0.00	200DB	7.0
85		SIGNAGE	9/01/01	1,950.00	0 00	0 00	1,950.00	0.00	1,950 00	0.00	200DB	7.0
90		FLAGPOLE/LIGHT	5/01/02	3,781.73	0.00	1,134.52	3,781.73	0.00	3,781.73	0 00	200DB	7.0
95		PORTRAIT	4/15/03	8,186.32	0.00	2,455.90	8,186.32	0.00	8,186.32	0.00	200DB	7 0
97		9 X 12 ORIENTAL CARPET	11/15/03	14,000 00	0 00	7,000 00	14,000.00	0 00	14,000.00	0 00	200DB	10 0
101		CONDENSER MODIFICATIONS	5/15/05	11,240.60	0.00	0.00	11,240.60	0.00	11,240.60	0 00	S/L	7 00
102		CARPET	6/15/05	2,268.00	0.00	0.00	2,268.00	0.00	2,268.00	0.00	S/L	7 00
103		HANDICAP ACCESS DOORS	12/30/05	3,333 15	0.00	0.00	3,333.15	0.00	3,333 15	0 00	S/L	7.00
104		COUNTERS/CABINETS	12/31/05	11,832.37	0 00	0 00	11,832.37	0.00	11,832.37	0 00	S/L	7.00
105		CARPET	12/31/05	13,303.00	0.00	0.00	13,303 00	0 00	13,303.00	0.00	S/L	7.00
111		HVAC IMPROVEMENTS/UPGRA	5/15/06	50,415 00	0.00	0.00	50,415.00	0.00	50,415.00	0 00	S/L	7.00
112		COUNTERTOPS - NEW HEIGHT!	8/15/06	4,289.50	0.00	0 00	4,289.50	0.00	4,289.50	0 00	S/L	7.00
113		LIGHTNING ARRESTOR	10/15/06	3,950.00	0 00	0.00	3,950.00	0.00	3,950.00	0.00	S/L	7.00
114		CARPET/TILE	6/15/06	6,578 00	0.00	0.00	6,578.00	0 00	6,578.00	0 00	S/L	7.00
115		SNOW DAMS	7/01/06	8,140.00	0.00	0 00	8,140.00	0.00	8,140.00	0 00	S/L	7.00
123		Carpeting - Stairs	7/01/07	5,126.00	0.00	0.00	4,759.61	366.39	5,126 00	0 00	S/L	7 00
124	d	Water Heater-2	7/01/07	32,745 00	0.00	0 00	30,405.98	1,169 48	31,575.46	1,169 54	S/L	7.00
126		Poles/Bollards	8/31/07	5,248.85	0.00	0 00	4,748.91	499.94	5,248 85	0.00	S/L	7 00
127		Gymnasium Lighting	9/15/07	11,320 00	0.00	0.00	10,241.78	1,078.22	11,320 00	0.00	S/L	7 00
128		Condensor Relocation	10/15/07	2,713.00	0.00	0.00	2,422.47	290.53	2,713.00	0 00	S/L	7.00
129		Stone Wall Repair	12/15/07	5,600 00	0.00	0 00	4,866.87	733.13	5,600 00	0.00	S/L	7 00
130		Lighting	12/15/07	5,797.15	0 00	0 00	5,045.70	751 45	5,797.15	0 00	S/L	7 00
131		Ladder System	12/15/07	10,450.00	0.00	0.00	9,081.26	1,368.74	10,450 00	0 00	S/L	7 00
132		Carpet - Upstairs Hallway	12/31/07	26,828 00	0 00	0 00	21,079.13	3,832 57	24,911 70	1,916 30	S/L	7 00
137		GUTTER UPGRADE	2/26/09	5,590.00	0 00	0 00	3,859.76	798 57	4,658 33	931 67	S/L	7 00
138		STONE WALL-CHILDRENS PLA	8/15/09	14,108.80	0.00	0 00	8,901 99	2,015.53	10,917 52	3,191.28	S/L	7 00
139		KITCHEN WALL UPGRADE	8/30/09	3,949.51	0.00	0.00	2,445.02	564.20	3,009 22	940 29	S/L	7 00

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: CAMPUS FIXTURES (continued)												
140		COMPRESSOR # 1	9/15/09	7,795 00	0 00	0 00	4,825.57	1,113 54	5,939 11	1,855 89	S/L	7 00
144		COMPRESSOR #2	9/15/10	7,395 00	0.00	0 00	3,521.55	1,056 38	4,577.93	2,817 07	S/L	7.00
145		GUTTERS - FAMILIES FIRST EN	9/15/10	4,260 00	0.00	0 00	2,028.45	608 62	2,637 07	1,622 93	S/L	7.00
146		SUMP PUMP REPLACEMENT	9/15/10	5,048 95	0 00	0 00	2,344.25	721 24	3,065 49	1,983 46	S/L	7 00
147		MASONRY WORK/WALL CAPS	10/15/10	6,600 00	0 00	0 00	3,064.25	942 88	4,007.13	2,592 87	S/L	7.00
148		WATER PUMPS/CONTROL BOA	10/15/10	10,604 15	0 00	0 00	4,923.36	1,514 88	6,438 24	4,165 91	S/L	7 00
149		RE-CAULK WINDOWS-FF WINC	10/15/10	7,480 00	0 00	0 00	3,472 91	1,068.54	4,541 45	2,938 55	S/L	7 00
151		WATER SOFTNER SYSTEM	2/01/11	4,210.00	0 00	0 00	1,653.95	601.42	2,255.37	1,954.63	S/L	7 00
152		CARPET-FF HALLWAY/WAITIN	5/01/11	16,579.00	0.00	0 00	6,315.83	2,368.42	8,684 25	7,894 75	S/L	7 00
153		RE-CAULK WINDOWS-STONE E	6/01/11	9,615 00	0.00	0 00	3,548 31	1,373 62	4,921.93	4,693 07	S/L	7 00
154		MASONRY WORK-GYMNASIUM	7/01/11	6,250 00	0.00	0 00	2,232 06	892 92	3,124 98	3,125 02	S/L	7 00
160		EXPANSION TANK	4/15/12	3,525 00	0.00	0 00	881.21	503 61	1,384 82	2,140 18	S/L	7.00
161		ROOF CRICKET/FASCIA/SCRUP	7/15/12	3,485.00	0 00	0.00	746.80	497 85	1,244.65	2,240 35	S/L	7.00
162		MASONRY WORK - REAR GYM	7/15/12	7,850 00	0 00	0.00	1,682.13	1,121.44	2,803.57	5,046 43	S/L	7.00
163		PUMP BYPASS	7/15/12	2,675 00	0.00	0.00	573.24	382.11	955.35	1,719 65	S/L	7.00
164		CARPET - CCCC PERIWINKLES	7/15/12	2,176 00	0 00	0.00	466.26	310.89	777 15	1,398.85	S/L	7.00
165		COUNTERS - FF CHILDREN'S R(	8/12/12	2,191.00	0.00	0.00	443.40	313 02	756 42	1,434.58	S/L	7 00
166		TILES - FAMILIES FIRST	11/15/12	10,271.00	0.00	0.00	1,711.83	1,467.30	3,179.13	7,091.87	S/L	7 00
167		COUNTERTOP - ART ROOM	11/15/12	3,658.00	0.00	0 00	566 12	522 57	1,088 69	2,569 31	S/L	7 00
168		MOVIE ROOM RENOVATIONS	12/31/12	8,194 00	0.00	0 00	1,170.57	1,170.57	2,341.14	5,852.86	S/L	7.00
169		TILES - FAMILIES FIRST	12/31/12	15,361 00	0.00	0.00	2,194.43	2,194.43	4,388.86	10,972.14	S/L	7.00
170		CARPET - CCCC/HEADSTART	12/31/12	10,331 00	0 00	0 00	1,475 86	1,475 86	2,951 72	7,379.28	S/L	7 00
173		CARPET REPLACEMENT	12/17/13	4,671.00	0.00	0.00	0 00	667.29	667.29	4,003.71	S/L	7 00
174		GUTTER SYSTEM - PLAYGROU	7/01/13	5,600 00	0.00	0 00	400.00	800.00	1,200 00	4,400 00	S/L	7.00
175		MASONRY - STONE WALL	9/01/13	23,270 00	0.00	0 00	1,108.10	3,324 29	4,432 39	18,837.61	S/L	7.00
178		HVAC	5/31/14	122,175 00	0 00c	0 00	0 00	10,181 25	10,181 25	111,993 75	S/L	7 00
179		HVAC UPGRADE - REGAN ELE(	11/01/14	10,460.00	0.00c	0 00	0 00	249 05	249 05	10,210.95	S/L	7.00
180		HVAC - WATERHEATER	8/01/14	33,996 00	0.00c	0.00	0.00	2,023.57	2,023.57	31,972.43	S/L	7 00
		CAMPUS FIXTURES		698,540 48	0 00c	10,590 42	372,546 99	52,936 31	425,483 30	273,057.18		
		***Less: Dispositions and Transfers**		32,745.00	0.00	0 00	30,405.98	0.00	31,575 46	1,169.54		
		Net CAMPUS FIXTURES		665,795.48	0.00c	10,590.42	342,141.01	52,936 31	393,907.84	271,887.64		
Group: CAMPUS FURNISHINGS												
32		FURNISHINGS	10/01/99	436,558 86	0 00	0 00	436,558 86	0 00	436,558 86	0 00	200DB	7 0
38		TABLES/CADDY/SHELVINGS	1/01/00	2,605.11	0.00	0 00	2,605 11	0 00	2,605 11	0 00	200DB	7 0
39		SAFETY CABINETS	2/01/00	1,197.66	0.00	0 00	1,197.66	0 00	1,197.66	0 00	200DB	7 0
40		CREDENZA	8/01/00	2,852 40	0 00	0 00	2,852 40	0 00	2,852 40	0 00	200DB	7 0
41		2 CHAIRS/TABLE	3/01/00	1,405 73	0 00	0 00	1,405 73	0 00	1,405 73	0.00	200DB	7 0
42		TABLES/CHAIRS/RACK	2/01/00	5,805.10	0 00	0 00	5,805 10	0.00	5,805 10	0 00	200DB	7 0
43		MISC. FURNISHINGS-FAMILIES	5/01/00	4,810 87	0.00	0 00	4,810.87	0 00	4,810 87	0 00	200DB	7 0
44		SHELVING	8/01/00	5,803 40	0 00	0 00	5,803 40	0.00	5,803.40	0 00	200DB	7 0
66		CHAIRS	5/15/01	1,842 50	0.00	0 00	1,842.50	0.00	1,842.50	0.00	200DB	7 0
		CAMPUS FURNISHINGS		462,881.63	0.00c	0.00	462,881.63	0 00	462,881.63	0.00		

Tax Asset Detail 1/01/14 - 12/31/14

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: COMPUTER EQUIPMENT												
177		WEBSITE DESIGN	2/13/14	12,000.00	0.00c	0.00	0.00	2,200.00	2,200.00	9,800.00	S/L	5 00
		COMPUTER EQUIPMENT		12,000 00	0 00c	0.00	0 00	2,200.00	2,200.00	9,800 00		
Group: FACILITY												
78		FACILITY - PHASE I	12/01/99	9,577,619.51	0 00	0.00	3,362,143 55	239,440 49	3,601,584 04	5,976,035 47	S/L	39.0
80		ADDITIONAL FACILITY COSTS	3/01/00	33,985.00	0.00	0 00	11,717 81	849.63	12,567.44	21,417.56	S/L	39 0
93		FACILITY - PHASE I - CONS PE	12/01/99	518,266.10	0.00	0.00	189,633.33	12,956.65	202,589.98	315,676.12	S/L	39 0
		FACILITY		10,129,870.61	0.00c	0 00	3,563,494.69	253,246.77	3,816,741.46	6,313,129.15		
Group: FOUNDATION FURNITURE												
14		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
16		AMBI CHAIRS	9/20/99	990 00	0.00	0.00	990.00	0.00	990 00	0 00	200DB	7 0
17		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
35		BOARDROOM TABLE	8/01/00	2,068 80	0 00	0 00	2,068 80	0.00	2,068 80	0 00	200DB	7 0
36		PROJECTION CART	3/01/00	820.80	0.00	0.00	820.80	0 00	820 80	0 00	200DB	7.0
63		CONFERENCE TABLE	5/15/01	1,293.17	0.00	0.00	1,293.17	0 00	1,293 17	0.00	200DB	7 0
		FOUNDATION FURNITURE		51,891.88	0.00c	0.00	51,891.88	0.00	51,891.88	0.00		
Group: FSH COMPUTER EQUIPMENT												
142		DELL 64 BIT WINDOWS 7 VOST	11/15/10	1,307 00	0 00	0 00	827.68	261 44	1,089.12	217.88	S/L	5 00
143		DELL 32 BIT WINDOWS 7 VOST	11/15/10	1,898.21	0.00	0.00	1,202.28	379.60	1,581.88	316 33	S/L	5 00
		FSH COMPUTER EQUIPMENT		3,205.21	0 00c	0.00	2,029.96	641.04	2,671.00	534.21		
Group: FSH OTHER EQUIPMENT												
37		TV/VCR/CART	8/01/00	1,667.00	0 00	0.00	1,667 00	0 00	1,667 00	0 00	200DB	7 0
92		SVGA NOTEBOOK PROJECTOR	10/15/02	2,795 00	0.00	838.50	2,795 00	0 00	2,795 00	0 00	200DB	7 0
176		LAWNMOWER/GRASS CATCHE	12/10/13	10,101.40	0.00	0.00	168.36	2,020 28	2,188.64	7,912 76	S/L	5 00
		FSH OTHER EQUIPMENT		14,563.40	0.00c	838.50	4,630.36	2,020.28	6,650.64	7,912 76		
Group: KITCHEN FURNISHINGS												
33		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
117		HEATER/INSTALLATION	5/15/06	3.436 26	0 00	0 00	3,436.26	0.00	3,436 26	0 00	S/L	7.00
119		DISHWASHER HEATING ELEMI	10/15/06	3,014 38	0 00	0.00	3,014 38	0.00	3,014 38	0.00	S/L	7 00
135		OVEN	9/15/08	6,270 00	0.00	0 00	4,777.11	895 71	5,672.82	597 18	S/L	7 00
141		DROP-IN UNITS-DISPLAY	10/15/09	1,135 00	0 00	0 00	689.03	162.16	851 19	283 81	S/L	7 00
150		ICE MACHINE	9/15/10	3,377.77	0 00	0.00	1,608 42	482 56	2,090 98	1,286 79	S/L	7 00
155		GARBAGE DISPOSAL	4/01/11	3,052 00	0.00	0 00	1,198.97	436 00	1,634 97	1,417 03	S/L	7 00
156		APPLIANCES-TEACHING KITCI	4/01/11	2,047.00	0 00	0 00	804.19	292 43	1,096 62	950.38	S/L	7 00
157		TEACHING KITCHEN RENOVAT	5/01/11	12,047 51	0 00	0 00	4,589 49	1,721.08	6,310.57	5,736.94	S/L	7 00
171		CHARBROILER	12/15/12	1,269 00	0 00	0.00	196 40	181.29	377.69	891.31	S/L	7.00

Tax Asset Detail 1/01/14 - 12/31/14

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: KITCHEN FURNISHINGS (continued)												
		KITCHEN FURNISHINGS		169,780.80	0 00c	0.00	154,446.13	4,171.23	158,617 36	11,163 44		
Group: LAND												
1		LAND, PEVERLY HILL ROAD	10/01/97	2,864,111.00	0 00	0.00	0 00	0 00	0 00	2,864,111 00	Land	0 00
77		LAND, BANFIELD ROAD	10/01/97	142,469.00	0.00	0.00	0.00	0.00	0 00	142,469 00	Land	0 00
		LAND		3,006,580 00	0.00c	0.00	0.00	0 00	0.00	3,006,580.00		
Group: LAND IMPROVEMENTS												
4		MISC LAND IMPROVEMENTS	6/01/00	19,230 47	0 00	0.00	17,307 41	1,282 03	18,589 44	641.03	S/L	15 0
5		MISC LAND IMPROVEMENTS	7/01/00	19,718 63	0 00	0 00	17,746.83	1,314 58	19,061.41	657 22	S/L	15 0
7		MISC LAND IMPROVEMENTS	9/15/00	17,871 61	0 00	0 00	16,084.44	1,191 44	17,275.88	595 73	S/L	15 0
79		LAND IMPROVEMENTS	12/01/99	1,847,291.60	0 00	0 00	1,785,715.18	61,576.42	1,847.291 60	0.00	S/L	15 0
81		MISC. LAND IMPROVEMENTS	8/01/00	32,782 89	0 00	0.00	29,504 65	2,185 53	31,690 18	1,092 71	S/L	15 0
82		MISC. LAND IMPROVEMENTS	10/15/00	10,400 00	0 00	0.00	9,359 96	693.33	10,053 29	346 71	S/L	15.0
83		MISC. LAND IMPROVEMENTS	11/15/00	20,152.94	0 00	0 00	18,137 65	1,343 53	19,481.18	671 76	S/L	15 0
86		IMPROV - QUARRY TD	8/31/01	8,299.06	0 00	0 00	6,823 66	553 27	7,376.93	922.13	S/L	15 00
87		IMPR - WALKING TRAILS	10/31/01	25,142 96	0.00	0 00	20,393.77	1,676 20	22,069.97	3,072.99	S/L	15.00
91		IMPROVEMENTS - JAP GARDEI	5/31/02	5,961 25	0 00	0 00	4,603 45	397.42	5,000 87	960 38	S/L	15 00
106		IMPROVEMENTS - SITE B	9/30/09	956,271.00	0 00	0.00	270,943.58	63,751 36	334,694.94	621,576 06	S/L	15 00
136		IMPROVEMENTS - QUARRY RC	1/01/08	34,282.30	0.00	0.00	0.00	0 00	0.00	34,282.30	Memo	0 00
		LAND IMPROVEMENTS		2,997,404.71	0.00c	0.00	2,196,620.58	135,965.11	2,332,585.69	664,819.02		
Group: OTHER CAMPUS EQUIPMENT												
30		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
31		PLAYGROUND EQUIPMENT	10/01/99	55,914 00	0 00	0.00	55,914.00	0 00	55,914 00	0.00	200DB	7.0
50		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
51		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
52		PORTABLE SOUND SYSTEMS	4/01/00	2,298 00	0 00	0.00	2,298.00	0 00	2,298 00	0 00	200DB	5 0
53		PICNIC TABLES AND UMBRELI	5/01/00	4,772 00	0 00	0 00	4,772 00	0.00	4,772 00	0.00	200DB	7 0
54		STORAGE SHED	5/01/00	1,768 00	0 00	0.00	1,768 00	0 00	1,768.00	0 00	200DB	7.0
55		PORTABLE LIFT	5/01/00	5,488 00	0.00	0 00	5,488 00	0.00	5,488 00	0.00	200DB	7.0
57		BIKE RACKS	5/01/00	1,990 00	0.00	0.00	1,990 00	0 00	1,990 00	0.00	200DB	7 0
58		FITNESS TRAIL EQUIPMENT	6/01/00	10,843.00	0 00	0 00	10,843 00	0 00	10,843 00	0 00	200DB	7 0
59		FENCING BASKETBALL COURT	6/01/00	3,875 00	0.00	0.00	3,875 00	0 00	3,875 00	0 00	200DB	7 0
64		GENERATOR	3/15/01	1,165.68	0.00	0 00	1,165 68	0 00	1,165 68	0 00	200DB	7 0
65		STORAGE CONTAINER	6/15/01	3,675 00	0 00	0 00	3,675 00	0 00	3,675 00	0 00	200DB	7 0
89		SECURITY SYSTEM ADDITIONS	6/01/02	6,505 00	0 00	1,951.50	6,505 00	0 00	6,505 00	0 00	200DB	5 0
94		LAWNMOWER	4/15/03	2,619 98	0 00	785 99	2,619 98	0.00	2,619.98	0 00	200DB	5.0
99		LAWNMOWER	6/15/04	2,789.99	0 00	0 00	2,789.99	0.00	2,789 99	0 00	S/L	5 00
100		LAWNMOWER	9/15/05	1,999 99	0.00	0.00	1,999.99	0 00	1,999 99	0 00	S/L	5 00
110		FLOOR SCRUBBER	12/15/06	4,296.00	0 00	0 00	4,296.00	0.00	4,296 00	0 00	S/L	5 00
121		Utility Tractor	8/15/07	2,999 99	0 00	0 00	2,999 99	0.00	2,999 99	0 00	S/L	5.00
122		Storage Container	10/15/07	7,680.60	0 00	0 00	6,857 95	822.65	7,680 60	0.00	S/L	7.00
158		SECURITY SYSTEM UPDATE	4/15/12	1,915 00	0.00	0.00	670.28	382.97	1,053 25	861.75	S/L	5.00

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OTHER CAMPUS EQUIPMENT (continued)												
159		LIGHTNING BURNISHER	2/15/12	1,218 18	0.00	0.00	466.94	243.67	710.61	507.57	S/L	5 00
		OTHER CAMPUS EQUIPMENT		163,346.91	0.00c	2,737 49	160,528 30	1,449 29	161,977 59	1,369 32		
		Grand Total		17,752,728 48	0 00c	14,166 41	7,005.848.91	453,774 69	7,459,623 60	10,293,104 88		
		Less: Dispositions and Transfers		32,745.00	0.00	0 00	30,405.98	0.00	31,575.46	1,169 54		
		Net Grand Total		17,719,983.48	0 00c	14,166.41	6,975,442.93	453,774.69	7,428,048.14	10,291,935.34		

Federal Statements

Statement 11 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
DEFERRED FINANCING COSTS	$ 140,112	$	$
DEFERRED BOND ISSUANCE COSTS		61,179	61,179
TOTAL	$ 140,112	$ 61,179	$ 61,179

Statement 12 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	End of Year
SALARIES/PAYROLL TAXES PAYABLE	$ 4,357	$ 6,874
PAYROLL TAXES PAYABLE	1,695	
RENTAL DEPOSITS	1,000	1,000
BOND INTEREST PAYABLE	3,101	16,136
SCHOLARSHIPS PAYABLE	500	
INVESTMENT MGT FEE PAYABLE	1,344	1,340
FEDERAL TAX PAYABLE	16,218	
DEFERRED COMP PAYABLE		7,500
TOTAL	$ 28,215	$ 32,850

Statement 13 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
SFAS 124 FMV - 2014 GAIN(LOSS)	$ 3,430,740
PRIOR YEAR ROUNDING ADJUSTMENT	10
TOTAL	$ 3,430,750

Statement 14 - Form 990-PF, Part III, Line 5 - Other Decreases

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

Foreign Country in which Financial Account is Held

Foreign Country Code	Foreign Country Name
CJ	CAYMAN ISLANDS

FOUNDATION FOR SEACOAST HEALTH
PROGRAM EXPENDITURES 2014

PROGRAM	2014 CARRYOVER AMOUNT	2014 AMOUNT AWARDED	2015 CARRYOVER AMOUNT	2014 PAYOUT
Scholarships:				
Graduate		$3,500 00		$3,500 00
2013 Scholarship Rescinded		(500 00)		-500 00
Undergraduate		6,500 00		6,500.00
TOTAL SCHOLARSHIPS	**$0.00**	**$9,500.00**	**$0.00**	**$9,500.00**
Gifts/Contributions:				
NH Center for Nonprofits		765 00		765 00
Nonprofit Centers Network		550.00		550 00
Grantmakers for Effective Organizations		1,220.00		1,220 00
Friends Forever		500 00		500 00
Portsmouth Chamber of Commerce		500.00		500 00
Bates College		250 00		250 00
AFTD		250 00		250 00
Rotary Club of Portsmouth		1,000 00		1,000 00
Total Gifts/Contributions	**$0.00**	**$5,035.00**	**$0.00**	**$5,035.00**
Medical Financial Assistance Grants:				
MF088-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:				
537ICA-Community Child Care Center		30,000.00		30,000.00
Matching Grant	10,000.00	0.00		10,000 00
536ICA-New Heights. Adventures for Teens		275,000.00		275,000.00
Total Inf/Child/Adol Grants	**$10,000.00**	**$305,000.00**	**$0.00**	**$315,000.00**
TOTAL GRANTS/CONTRIBUTIONS	**10,000.00**	**621,635.00**	**0.00**	**631,635.00**
TOTAL SCHOLARSHIPS/GRANTS/CONTRIBUTIONS/OTHER	**10,000.00**	**631,135.00**	**0.00**	**641,135.00**

FOUNDATION FOR SEACOAST HEALTH

Scholarships

Year Ended December 31, 2014

Name	Balance 2013	Awarded 2014	Declined/ Withdrew/ Rescinded 2014	Paid 2014	Balance 2015
Emily Fregeau	500	-	500	-	-
Emily Koestner	-	3,500	-	3,500	-
Ian Barrows	-	3,500	-	3,500	-
James Sullivan	-	1,500	-	1,500	-
Selina Lorrey	-	1,500	-	1,500	-
TOTALS	**500**	**10,000**	**-**	**10,000**	**-**

Schedule of Appropriations and Payments, by Program Area Fiscal Year 2014

12/31/2014

Recipient and/or Purpose	Tax Status	Beginning Balance 2014	Newly Allocated 2014	Amended 2014	Amount Paid 2014	Ending Balance 2014
Collaborative/Leveraging Activities						
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 *Senior Programming Support* $4,000.00 2014	509a(1)	$0.00	$4,000.00	$0 00	$4,000.00	$0.00
Total Collaborative/Leveraging Activities (1 item)		$0.00	$4,000 00	$0.00	$4,000.00	$0.00
Contribution						
AFTD 290 King of Prussia Road Radnor, PA 19087 *Donation in memory of Caleb Thomas Hodsdon* $250.00 2014		$0 00	$250.00	$0.00	$250.00	$0.00
Bates College 2 Andrews Road Lewiston, 04240 *Donation in memory of John Durkin* $250.00 2014		$0.00	$250.00	$0.00	$250.00	$0.00
Friends Forever 31 Raynes Avenue #10 Portsmouth, NH 03801 *Donation* $500.00 2014		$0.00	$500.00	$0.00	$500.00	$0.00

Fiscal Year 2014

Recipient and/or Purpose	Tax Status	Beginning Balance 2014	Newly Allocated 2014	Amended 2014	Amount Paid 2014	Ending Balance 2014
Grantmakers for Effective Organizations 1725 DeSales Street NW Suite 404 Washington, DC 20036 $1,220.00 2014		$0 00	$1,220.00	$0.00	$1,220.00	$0.00
NH Center for Nonprofits 10 Ferry Street, Suite 315 Concord, NH 03301 *Membership Dues* $765.00 2014		$0.00	$765.00	$0.00	$765.00	$0 00
Nonprofit Centers P.O Box 29195 San Francisco, CA *Network Membership* $550.00 2014		$0.00	$550.00	$0.00	$550.00	$0.00
Portsmouth Chamber of Commerce 500 Market Street PO Box 239 Portsmouth, NH 03801 *Buisness After Hours* $500 00 2014		$0 00	$500.00	$0.00	$500.00	$0 00
Rotary Club of Portsmouth Portsmouth, NH *Joe Shanley Schoarship Fund* $1,000 00 2014	501c(3)	$0.00	$1,000.00	$0.00	$1,000.00	$0.00
Total Contribution (8 items)		$0.00	$5,035.00	$0.00	$5,035.00	$0.00

Recipient and/or Purpose	Tax Status	Beginning Balance 2014	Newly Allocated 2014	Amended 2014	Amount Paid 2014	Ending Balance 2014
Infants/Children/Adolescents						
Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 *Access Control System* $10,000.00 2013	501c(3)	$10,000.00	$0.00	$0.00	$10,000.00	$0.00
Community Child Care Center, Inc. 100 Campus Drive, Suite 313 Portsmouth, NH 03801 *Wage Solutions* $30,000.00 2014	501c(3)	$0.00	$30,000.00	$0.00	$30,000.00	$0.00
New Heights: Adventures for Teens 100 Campus Drive Portsmouth, NH 03801 *New Heights Program* $275,000 00 2014	501c(3)	$0.00	$275,000 00	$0.00	$275,000.00	$0.00
Total Infants/Children/Adolescents (3 items)		$10,000.00	$305,000.00	$0.00	$315,000.00	$0.00
Medical Financial Assistance Program						
Families First of the Greater Seacoast 100 Campus Drive Portsmouth, NH 03801 *Comprehensive Health Services* $311,600.00 2014	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)		$10,000.00	$625,635.00	$0.00	$635,635.00	$0.00

Federal Statements

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

Description
SEE ATTACHED BROCHURES

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

Description
SEE ATTACHED BROCHURES

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

Description
SEE ATTACHED BROCHURES

FOUNDATION FOR SEACOAST HEALTH

(https://www.facebook.com/pages/Fc for-Seacoast-Health/431317490236981)

Since its founding, the Foundation for Seacoast Health has proudly awarded over 658 scholarships to 312 individuals totaling over $2.17 million in support.

COMMUNITY SPOTLIGHT

Community Child Care Center of Portsmouth (http://www.ffsh.org/community-campus/campus-organizations#cccp)

Community Child Care Center of Portsmouth (CCCC) provides a nurturing and stimulating high quality early learning environment for children in the Seacoast area

"Each day we are reminded of the vital role the Campus plays in our community."

Debra S Grabowski, Executive Director

OVERVIEW/ REQUIREMENTS

In keeping with the mission of the organization to invest its resources to improve the health and well being of Seacoast residents, candidates must be pursuing an undergraduate or graduate degree in a health-related field of study The awards are based primarily on scholastic aptitude and performance, personal achievements, leadership, and community involvement. The applicant's primary residence must be in one of the following towns Portsmouth, Rye, Newcastle, Greenland, Newington, and North Hampton, New Hampshire, Kittery, Elliot and York, Maine.

You can download the.

Scholarship Application
(http://www.ffsh.org/sites/default/files/ScholApp-generic.doc)
(http://www.ffsh.org/sites/default/files/PDFs/ScholApp-generic_0.pdf)

Student Assessment
(http://www.ffsh.org/sites/default/files/StudAssess-generic.doc) - 3 Student Assements are required

Checklist
(http://www.ffsh.org/sites/default/files/Scholarship%20App%20Checklist.doc)

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)

Back to top

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.

Back to top

2014 SCHOLARSHIP RECIPIENTS

Ian Barrows, a resident of Greenland, was selected as the recipient of the $3,500 Edwina Foye Award. Ian attends the George Washington School of Medicine

Emily Koester, a resident of Portsmouth, was selected as the recipient of the received a $3,500 Cutter Scholarship Award Emily will study nursing at the University of New Hampshire

Selena Lorrey, a resident of Kittery Point, received a $1,500 scholarship award Selena studies biology at Bowdoin College

James Sullivan, a resident of Portsmoth, received a $1,500 scholarship award James will be studying premed at University of New England

Back to top

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 prior to the award year. 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

Back to top

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

Back to top

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)

Back to top

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 in a workforce shortage field)

Back to top

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

Back to top

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

Back to top

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

Back to top

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

Back to top

FOUNDATION FOR SEACOAST HEALTH

100 Campus Drive, Suite 1, Portsmouth NH, 03801 603 422 8200

(https://maps google com/maps?q=Foundation+For+Seacoast+Health&ll=43 041026,-
VISIT US
(https.//maps google.com/maps?q=Foundation+For+Seacoast+Health&ll=43 041026,-

(https.//www facebook.com/pages/Foundation-for-Seacoast-Health/431317490236981)
CONNECT WITH US
(https://www.facebook.com/pages/Foundation-for-Seacoast-Health/431317490236981)

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.

Submit

Appraiser's Signature

Date

FOUNDATION FOR SEACOAST HEALTH
SCHOLARSHIP APPLICATION
ATTACHMENT CHECKLIST

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

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

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

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

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

☐ **TEST SCORES**

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

Graduate Students
- Graduate Record Exam (GRE) or
- Graduate Medical Aptitude Test (GMAT)
- Medical College Admission Test (MCAT)
- Dental Admission Test (DAT)
- National League of Nursing Admissions Test (NLN)
(Millers Analogy is not acceptable in lieu of the above)

☐ **ESSAY**

☐ **CURRENT RESUME**

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

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

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

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

_____ (Witness) _____ (Student's Signature)

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

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

Submit

FOUNDATION FOR SEACOAST HEALTH

(/)

(https://www.facebook.com/pages/Foundation-for-Seacoast-Health/431317490236981)

We have provided over 29 million dollars in grants to 139 Seacoast nonprofit and public organizations.

OUR FUNDING INITIATIVES

Our funding initiatives are focused in the areas of health promotion, health protection, preventive health services, training, and education.

Proposals for Foundation for Seacoast Health funding are only considered for 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).

2014 GRANTEES

New Heights: Adventures for Teens -- $275,000

Community Child Care Center of Portsmouth -- $30,000

Families First of the Greater Seacoast -- $311,600

Back to top

COMMUNITY SPOTLIGHT

New Heights (http://www.communitycampus.org/community-campus/campus-organizations#new-heights)

New Heights Adventures for Teens has provided innovative out-of-school and summer programs since 1987, serving thousands of Seacoast youth.

"Each day we are reminded of the vital role the Campus plays in our community."

Debra S Grabowski, Executive Director

FOUNDATION FOR SEACOAST HEALTH

100 Campus Drive, Suite 1, Portsmouth NH, 03801 603.422.8200

 (https://maps.google.com/maps?q=Foundation+For+Seacoast+Health&ll=43.041026,-70.785749&spn=0.011197,0.010428&oe=utf-8&client=firefox-a&channel=ffIb&fb=1&gl=us&hq=Foundation+For+Seacoast+Health&cid=0,0,17631023816219674018&t=m&z=16&iwloc=A) VISIT US (https://maps.google.com/maps?q=Foundation+For+Seacoast+Health&ll=43.041026,-70.785749&spn=0.011197,0.010428&oe=utf-8&client=firefox-a&channel=ffIb&fb=1&gl=us&hq=Foundation+For+Seacoast+Health&cid=0,0,17631023816219674018&t=m&z=16&iwloc=A)

 (https://www.facebook.com/pages/Foundation-for-Seacoast-Health/431317490236981) CONNECT WITH US (https://www facebook.com/pages/Foundation-for-Seacoast-Health/431317490236981)

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

TO CONTINUE EXISTING OPERATION GRANTS PROPOSAL COMPONENTS

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

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

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

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

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

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

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

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

8. Describe the cost/benefit of your program.

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

program to have on your community?

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

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

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

ATTACHMENTS

With all proposals, please attach in the following order:

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

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

PROPOSAL COVER SHEET

Please type your response or duplicate this form on your computer

Date: Name of Applicant Organization:

Telephone #: Address:

E-mail Address:

CEO/Executive Director:

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

Contact Address: if different from above)

E-mail Address:

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

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

Total Operating Budget: $

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

PLEASE PROVIDE BRIEF DESCRIPTION OF PROPOSED PROJECT:

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

FOUNDATION
for Seacoast Health

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	$_____	____

FOUNDATION
for Seacoast Health

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							
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

Form **990-PF**

Mortgages and Other Notes Payable

For calendar year 2014, or tax year beginning , and ending

2014

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	6,350,000
(2)		4,340,000	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		10,795,000	6,350,000