

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.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052  
**2020**  
**Open to Public Inspection**

**For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020**

Name of foundation Foundation for Seacoast Health		<b>A Employer identification number</b> 02-0386319	
Number and street (or P.O. box number if mail is not delivered to street address) 100 Campus Drive	Room/suite	<b>B Telephone number</b> (see instructions) (603) 422-8200	
City or town, state or province, country, and ZIP or foreign postal code Portsmouth, NH 03801		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>39,490,341</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,000			
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	988	988		
	<b>4</b> Dividends and interest from securities	378,027	375,739		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	4,443,099			
	<b>b</b> Gross sales price for all assets on line 6a	22,987,910			
	<b>7</b> Capital gain net income (from Part IV, line 2)		4,443,099		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	657,949	567,949	563,344		
<b>12 Total.</b> Add lines 1 through 11	5,481,063	5,387,775	563,344		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	161,787	4,854	0	126,689
	<b>14</b> Other employee salaries and wages	184,280	5,528	0	179,534
	<b>15</b> Pension plans, employee benefits	56,383	1,691	0	51,777
	<b>16a</b> Legal fees (attach schedule)	25,739	0	0	18,569
	<b>b</b> Accounting fees (attach schedule)	42,801	0	0	44,729
	<b>c</b> Other professional fees (attach schedule)	46,363	40,000	0	6,400
	<b>17</b> Interest	168,731	0	0	167,970
	<b>18</b> Taxes (attach schedule) (see instructions)	67,927	0	0	0
	<b>19</b> Depreciation (attach schedule) and depletion	419,941	419,941	419,941	
	<b>20</b> Occupancy	582,728	143,403	143,403	419,234
	<b>21</b> Travel, conferences, and meetings	2,455	0	0	2,455
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	66,797	9,856	0	55,809
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,825,932	625,273	563,344	1,073,166
	<b>25</b> Contributions, gifts, grants paid	144,541			144,541
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,970,473	625,273	563,344	1,217,707	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	3,510,590				
<b>b Net investment income</b> (if negative, enter -0-)		4,762,502			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	498,233	673,670	673,670
	<b>2</b> Savings and temporary cash investments . . . . .	542,831	1,139,445	1,139,445
	<b>3</b> Accounts receivable ▶ <u>3,875</u>			
	Less: allowance for doubtful accounts ▶ _____	10,640	3,875	3,875
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	17,593	13,512	13,512
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	29,927,506	30,566,722	30,566,722	
<b>14</b> Land, buildings, and equipment: basis ▶ <u>16,788,254</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>9,785,600</u>	7,294,759	7,002,654	7,002,654	
<b>15</b> Other assets (describe ▶ _____)	61,211	90,463	90,463	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	38,352,773	39,490,341	39,490,341	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	112,286	144,724	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .	5,411,620	5,221,180	
	<b>22</b> Other liabilities (describe ▶ _____)	107,257	113,302	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	5,631,163	5,479,206	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	32,132,390	33,416,388	
	<b>25</b> Net assets with donor restrictions . . . . .	589,220	594,747	
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	32,721,610	34,011,135		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	38,352,773	39,490,341		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	32,721,610
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	3,510,590
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	90,625
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	36,322,825
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	2,311,690
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	34,011,135

**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.)
<b>1 a</b> Publicly Traded Securities			
<b>b</b> Passthrough from Schedule K-1s	P		
<b>c</b> Passthrough from Schedule K-1s	P		
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 22,987,910		18,456,583	4,531,327
<b>b</b>			6,834
<b>c</b>			-95,062
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(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	
<b>a</b>			4,531,327
<b>b</b>			6,834
<b>c</b>			-95,062
<b>d</b>			
<b>e</b>			

<b>2</b> 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		<b>2</b>	4,443,099
<b>3</b> 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	{			<b>3</b>	6,834

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .			<b>2</b>
<b>3</b> Reserved . . . . .			<b>3</b>
<b>4</b> Reserved . . . . .			<b>4</b>
<b>5</b> Reserved . . . . .			<b>5</b>
<b>6</b> Reserved . . . . .			<b>6</b>
<b>7</b> Reserved . . . . .			<b>7</b>
<b>8</b> Reserved . . . . .			<b>8</b>

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, reserved amounts, tax under section 511, subtitle A tax, tax based on investment income, credits/payments, and tax due/overpayment. Total tax due is 16,127.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

<b>5a</b> During the year did the foundation pay or incur any amount to:				<b>Yes</b>	<b>No</b>
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<b>5b</b>		<b>No</b>
Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
<b>c</b> 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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>6b</b>		<b>No</b>
<i>If "Yes" to 6b, file Form 8870.</i>					
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b> If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<b>7b</b>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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 Manager 40.00	69,335	0	15,422
Noreen Hodgdon 100 Campus Drive Suite 1 Portsmouth, NH 03801	Executive Assistant 40.00	58,663	0	17,379
Kathleen Taylor 100 Campus Drive Suite 1 Portsmouth, NH 03801	Finance Director 20.00	56,282	0	0
<b>Total</b> number of other employees paid over \$50,000. . . . .			<input type="checkbox"/>	0

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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b> The Foundation for Seacoast Health owns, operates and maintains a 92,000 square foot multi-tenant nonprofit center that provides below market rents to 7 unaffiliated nonprofit programs. The community campus center was created in 1999 as a core component of the Foundation's commitment to improving health in the seacoast area of New Hampshire and southern Maine. The unaffiliated network of organizations located at the campus provides a broad range of services to some of our most vulnerable and under-served individuals and families. In addition, over 50 community organizations utilize the space and resources of the community campus to meet ongoing business needs or host special events.	1,750,047
<b>2</b> The Foundation provides grants to 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, Maine). Funding initiatives are focused in the areas of health promotion, health protection, preventive health services, training, and education.	164,456
<b>3</b> In keeping with the mission to invest resources to improve the health and well-being of seacoast residents. The Foundation awards scholarships to candidates pursuing an undergraduate or graduate degree in a health-related field of study. The awards are based primarily on scholastic aptitude and performance, personal achievement, leadership, and community involvement. The applicant's primary residence must be in one of the nine towns within the Foundation's service area.	13,047
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	28,253,555
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,256,265
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	29,509,820
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	29,509,820
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	442,647
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	29,067,173
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,453,359

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,453,359
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	66,199
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	347
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	66,546
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,386,813
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,386,813
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,386,813

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,217,707
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	114,860
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,332,567
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,332,567

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				1,386,813
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	182,729			
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .	398,418			
<b>e</b> From 2019. . . . .	167,394			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	748,541			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 1,332,567				
<b>a</b> Applied to 2019, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				1,332,567
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	54,246			54,246
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	694,295			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				0
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	128,483			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . . . .	565,812			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .	398,418			
<b>d</b> Excess from 2019. . . . .	167,394			
<b>e</b> Excess from 2020. . . . .				

**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 2020, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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).)

**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.

**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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
 Noreen Hodgdon  
 100 Campus Drive Suite 1  
 Portsmouth, NH 03801  
 (603) 422-8200

**b** The form in which applications should be submitted and information and materials they should include:  
 Formal application form

**c** Any submission deadlines:  
 None currently

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
 Restricted for purposes related to the promotion of health and wellbeing of residents of the nine communities indentified in Part IX-A.

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . . ▶ <b>3a</b>				144,541
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . . ▶ <b>3b</b>				0





<b>Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
Timothy Durkin	Board Chair	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	2.50			
Stuart Levenson	Vice Chair	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	2.50			
Peter George	Treasurer	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	2.50			
Andrea Daly	Secretary	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Tom Blais	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Jen Cannon	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
John Hebert	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Mark Jacobs MD	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Darci Knowles	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Archie McGowan MD	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Elisabeth Robinson	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Amy Schwartz	Trustee	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	1.00			
Stephen H Witt	Trustee/Past Treasurer	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	2.50			
Debra S Grabowski	Chief Executive Officer	139,632	15,000	7,155
100 Campus Drive Suite 1 Portsmouth, NH 03801	35.00			
John E Lyons Jr	Past Board Chair	0	0	0
100 Campus Drive Suite 1 Portsmouth, NH 03801	2.50			

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Celebration Graduation (Portsmouth High School) 50 Andrew Jarvis Drive Portsmouth, NH 03801	None	PC	Provide support for teen program	3,000
Families First100 Campus Drive Portsmouth, NH 03801	None	PC	Promote health and prevent disease	63,000
Families First100 Campus Drive Portsmouth, NH 03801	None	PC	Workforce development for childcare services	841
<b>Total . . . . . ▶ 3a</b>				144,541

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Pine Tree Institute 206 Old Road Eliot, ME 03903	None	PC	Support response to substance misuse	18,000
Gather 2019 West Road 3 Portsmouth, NH 03801	None	PC	Provide food for those in need	12,000
Seacoast Women's Giving Circle PO Box 85 New Castle, NH 03854	None	PC	Prevention and intervention of childhood trama	15,000
<b>Total . . . . . ▶ 3a</b>				144,541

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Joan G Lovering Health Center PO Box 456 Greenland, NH 03840	None	PC	Promote freedom and choices for sexual/reproductive health	10,000
Operation Blessing 600A Lafayette Road Portsmouth, NH 03801	None	PC	Provide food boxes for families	5,000
YMCA of the Seacoast 550 Peverly Hill Road Portsmouth, NH 03801	None	PC	Provide services for unsheltered homeless residents	4,200
<b>Total . . . . .</b> ▶ <b>3a</b>				144,541

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
New Generation Inc 568 Portsmouth Ave Greenland, NH 03840	None	PC	Workforce development related to homeless women and infants	1,500
Emily Locandro 100 Campus Drive Portsmouth, NH 03801	None	I	Scholarship for medical education	5,000
Sarah Morin 100 Campus Drive Portsmouth, NH 03801	None	I	Scholarship for medical education	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				144,541

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Jenifer Sidhwa 100 Campus Drive Portsmouth, NH 03801	None	I	Scholarship for medical education	2,500
Grace Robillard 100 Campus Drive Portsmouth, NH 03801	None	I	Scholarship for medical education	1,000
Collin Yost 100 Campus Drive Portsmouth, NH 03801	None	I	Scholarship for medical education	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				144,541

**TY 2020 Accounting Fees Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Accounting Services	42,801	0	0	44,729

**TY 2020 General Explanation Attachment****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		Form 990-PF, Part II, Line 14: Land, Buildings & Equipment	Section 1.263(a)-3(n) Election: Foundation for Seacoast Health 100 Campus Drive Portsmouth, NH 03801 EIN: 02-0386319 Foundation for Seacoast Health is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

**TY 2020 Investments - Other Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
Adamas Opportunities Fund	FMV	201,560	201,560
Brookfield Global Listed Real Estate-Y	FMV	2,170,846	2,170,846
Vanguard Intermed Term Treasury	FMV	2,201,194	2,201,194
Vanguard Infl Protected Security	FMV	1,501,288	1,501,288
FPA Crescent Fund	FMV	2,002,969	2,002,969
R/F T. Rowe Price Balanced Fund	FMV	474,942	474,942
R/F T. Rowe Price Indigent Fund	FMV	83,699	83,699
Blackrock Strategic Income Opps	FMV	1,621,793	1,621,793
John Hancock Seaport Long-Short	FMV	1,532,700	1,532,700
Loomis Sayles Strategic Alpha	FMV	1,484,246	1,484,246
Boston Common ESG Impact Fund	FMV	3,038,198	3,038,198
Vanguard FTSE Social Index	FMV	8,996,456	8,996,456
JOHCM International Select I	FMV	3,051,225	3,051,225
TIAA-CREF Core Impact Bond Instl	FMV	2,205,606	2,205,606

**TY 2020 Land, Etc.  
Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
Land Improvements	3,055,983	2,709,534	346,449	346,449
Buildings	9,622,933	5,336,222	4,286,711	4,286,711
Equipment, Furnitures & Fixtures	2,341,036	1,739,844	601,192	601,192
Land	1,250,036	0	1,250,036	1,250,036
Construction in Progress	518,266	0	518,266	518,266

**TY 2020 Legal Fees Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Legal Fees	25,739	0	0	18,569

**TY 2020 Mortgages and Notes Payable Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**Total Mortgage Amount:****Mortgages and Notes Payable Schedule**

<b>Item No.</b>	1
<b>Lender's Name</b>	1998 Series A Variable Bonds - Exempt
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	6,455,000
<b>Balance Due</b>	0
<b>Date of Note</b>	1998-06
<b>Maturity Date</b>	2024-05
<b>Repayment Terms</b>	
<b>Interest Rate</b>	2.990000000000
<b>Security Provided by Borrower</b>	Building
<b>Purpose of Loan</b>	Building Construction
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2020 Other Assets Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Deferred Compensation	61,211	90,463	90,463

**TY 2020 Other Decreases Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319

<b>Description</b>	<b>Amount</b>
Unrealized Losses on Investments	2,311,690

# TY 2020 Other Expenses Schedule

**Name:** Foundation for Seacoast Health

**EIN:** 02-0386319

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Supplies - Facility	9,883	0	0	9,883
Communications	13,519	0	0	12,697
Workers Compensation - CC	2,790	0	0	2,790
Dues & Subscriptions	1,923	0	0	1,923
Office Expenses	17,821	0	0	17,511
Miscellaneous Expenses	1,777	0	0	1,777
Insurance	9,091	0	0	9,091
NH State Filing Fee	137	0	0	137
Other Portfolio Deductions from Passthroughs	9,856	9,856	0	0

**TY 2020 Other Income Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Investment Income from Passthroughs	4,605	4,605	0
Community Campus Rent	563,344	563,344	563,344
Settlement Revenue	90,000		0

**TY 2020 Other Increases Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**Other Increases Schedule**

<b>Description</b>	<b>Amount</b>
Income from Passthrough K-1s	90,625

**TY 2020 Other Liabilities Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
Deferred Compensation Payable	61,211	90,463
Bond Interest Payable	13,848	14,610
Salaries Payable	8,069	8,229
Payroll Tax Payable	1,723	0
Federal Excise Tax Payable	22,406	0

**TY 2020 Other Professional Fees Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Investment Consultant	40,000	40,000	0	0
Benefits/Payroll Administrator	2,574	0	0	2,611
Consultants	3,789	0	0	3,789

**TY 2020 Taxes Schedule****Name:** Foundation for Seacoast Health**EIN:** 02-0386319**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Federal Excise Tax	67,099	0	0	0
Unrelated Business Income Tax	828	0	0	0