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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

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

2010

OMB No 1545-0052

Intern	al Rev		be able to use a copy of this			<u>l</u>
Ford	alen	dar year 2010, or tax year beginning APR	1, 2010	, and ending	MAR 31, 2011	<u>. </u>
G C	heck	all that apply Initial return	Initial return of a fo	· · ·	Final return	1
<u> </u>		Amended return	Address chang	ge	Name change	
Nar	ne of	foundation			A Employer identification	n number
		SALEM COMMUNITY BENEF	ITS, INC.		02-0499456	-)
Nun	ber ar	nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
		3 SOUTH BROADWAY			1	-2153
Citv	or to	own, state, and ZIP code		<u> </u>	C If exemption application is	pending, check here
′		SALEM, NH 03079			D 1 Foreign organization	s, check here
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		Foreign organizations m check here and attach c	eeting the 85% test, pmputation
] Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation sta	atus was terminated
		rket value of all assets at end of year J Accounti	•	X Accrual	under section 507(b)(1)(A), check here
		Part II, col. (c), line 16) 210 , 024 . (Part I, colu.	her (specify)	hoose l	F If the foundation is in a	
					under section 507(b)(1	1
l Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(f) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	75,000.		N/A	Total Pasis Only
		Check In the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	214.	214.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0.		
Œ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances	, , , , , , , , , , , , , , , , , , , ,			
	1	Less Cost of goods sold				
		Gross profit or (loss)				
	11 12	Other income Total. Add lines 1 through FIVED	75,214.	214.	-	
	13		0.	0.		0.
	14	Other employee salaries and wages Pension plans, employee-benefits 2011				
	15	Pension plans employee benefits 2011				
Ses	16a	Legal fees \(\sum_{\text{\tint{\text{\tint{\text{\tinit}\xint{\text{\text{\text{\text{\text{\text{\text{\text{\texiext{\texi}\tint{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texitile}}\tint{\text{\texitile}}\text{\text{\texitile}\text{\texititt{\texiti}\tint{\texitile}\text{\text{\texitile}}\tint{\texitile}\ti			<u>.</u>	
pen		Accounting fees OGDEN, UT				
Operating and Administrative Expens	ļ	Other professional fees				
ıtive	[Interest Taxes Stmt 1	2.	0.		0.
stra	18	Taxes Stmt 1 Depreciation and depletion	2.	<u> </u>		<u> </u>
ij	19 20	Occupancy				
Adn	21	Travel, conferences, and meetings				-
P	22	Printing and publications				
)g a	23	Other expenses Stmt 2	75.	0.		75.
ätir	1	Total operating and administrative				
þer		expenses. Add lines 13 through 23	77.	0.		75. 12,075.
0	25	Contributions, gifts, grants paid	12,075.			12,075.
	26	Total expenses and disbursements.	10 150	^		10 150
	-	Add lines 24 and 25	12,152.	0.		12,150.
	1	Subtract line 26 from line 12	63,062.			
	l	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	03,002.	214.		<u> </u>
	l	Adjusted net income (if negative, enter -0-)			N/A	
						

01 7-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Page 2

-	Attached schedules and amounts in the description		Beginning of year	End of ye	End of year			
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
\neg	1	Cash - non-interest-bearing						
	2	Savings and temporary cash investments	51,962.	185,024.	185,024.			
		Accounts receivable						
	 	Less allowance for doubtful accounts ▶						
	4	Pledges receivable			11 11 11 11 11 11 11 11 11 11 11 11 11			
		Less allowance for doubtful accounts		1	_			
	5	Grants receivable	95,000.	25,000.	25,000.			
	6	Receivables due from officers, directors, trustees, and other			·			
		disqualified persons						
	7	Other notes and loans receivable			· · · · · · · · · · · · · · · · · · ·			
	•	Less allowance for doubtful accounts	İ	1				
₁	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges			<u> </u>			
As	ı	Investments - U S and state government obligations						
	ı	Investments - corporate stock						
	Į.	Investments - corporate bonds			-			
	1 -	Investments - land, buildings, and equipment basis						
	' '	Less, accumulated depreciation	Ì	İ				
	12	Investments - mortgage loans	····					
	13	Investments - other						
	14	Land, buildings, and equipment basis						
	'"	Less, accumulated depreciation		1				
	15	Other assets (describe						
	13	Other assets (describe >						
	16	Total assets (to be completed by all filers)	146,962.	210,024.	210,024.			
_		Accounts payable and accrued expenses						
	18	Grants payable						
un.	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
Į.	21	Mortgages and other notes payable						
:≌		Other liabilities (describe	· · · · · · · · · · · · · · · · · · ·					
		Chior madifico (docorido P						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
_		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31.						
es	24	Unrestricted						
anc	25	Temporarily restricted .						
Bal	26	Permanently restricted						
5		Foundations that do not follow SFAS 117, check here						
3	ľ	and complete lines 27 through 31.						
ō	27	Capital stock, trust principal, or current funds	146,962.	210,024.				
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.				
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.				
Net Assets or Fund Balance	30	Total net assets or fund balances	146,962.	210,024.				
~								
	31	Total liabilities and net assets/tund balances	146,962.	210,024.				
			alanose					
F	art	Analysis of Changes in Net Assets or Fund B						
1	Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	30					
		st agree with end-of-year figure reported on prior year's return)		1	146,962. 63,062. 0.			
2	•	er amount from Part I, line 27a		2	63,062.			
3		er increases not included in line 2 (itemize)		3	0.			
4		lines 1, 2, and 3		4	210,024.			
5		reases not included in line 2 (itemize)		5				
		at net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b) line 30	6	210,024.			

023511 12-07-10

Part IV Capital Gains a	and Losses	for Tax on In	vestment	Income	,					
(a) List and descr 2-story brick wa	ribe the kind(s) o rehouse, or com	of property sold (e g amon stock, 200 shs	, real estate, MLC Co)	, 	P -	ow acc Purch Dona	iase		acquired day, yr)	(d) Date sold (mo , day, yr)
1a					ļ					
b NOI	NE									
<u>C</u>					-					
e e									·-··	
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale								Gain or (loss us (f) minus	
<u>a</u>										
<u>b</u>				-				-		
d		· · ·	<u> </u>							
e	-									
Complete only for assets showin	g gain in colum	n (h) and owned by	the foundation	on 12/31/69					Col (h) gaın	
(i) F M V as of 12/31/69		usted basis 12/31/69		cess of col (I) col (J), If any					out not less than -0-) or ses (from col. (h))	
<u>a</u>										
b					-					
<u>C</u>										
d e										
		∫ If gain, also ente	r in Part I line '	7	7					
2 Capital gain net income or (net ca	pital loss)	If (loss), enter -0	- in Part I, line	, 7) [2			-r	
3 Net short-term capital gain or (los	ss) as defined in	sections 1222(5) ar	nd (6)							
If gain, also enter in Part I, line 8,			, ,		 					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor Socti	on 4940(a) for	Paducad	Tay on Not	L Inve	3	ont Inc	como		
(For optional use by domestic private							icht in	COITIC		·
(For optional use by domestic private	; iuuiiuatiuiis su	ibject to the section	4540(a) tax on	net mveztment i	IICOIIIE	,				
If section 4940(d)(2) applies, leave the	his part blank									
Was the foundation liable for the sec	tion 4942 tax on	the distributable an	nount of any ye	ar in the base pe	riod?					Yes X No
If "Yes," the foundation does not qual										
1 Enter the appropriate amount in (each column for		uctions before	making any entr						(d)
(a) Base period years	Ad	(b) Ijusted qualifying dis	tributions	Net value of no	(C) onchar	ıtable-ı	use assets			bution ratio
Calendar year (or tax year beginnii 2009	ng in)		6,075.	1100 1000 07 110			5,238	- 1	(cor (b) un	vided by col. (c)) • 041828
2009			1,996.				2,633			.578194
2007			2,098.				3,715			.022387
2006		3	1,903.				7,039	_		.298050
2005			8,575.			12	0,938	3.	-	.070904
2 Tota! of line 1, column (d)								2		1.011363
3 Average distribution ratio for the	5-year base peri	od - divide the total	on line 2 by 5,	or by the numbe	r of yea	ars			1	
the foundation has been in existe			, .	,	•			3	 	.202273
4 Enter the net value of noncharitat	ole-use assets fo	or 2010 from Part X,	line 5					4	ļ	141,341.
5 Multiply line 4 by line 3								5		28,589.
6 Enter 1% of net investment incom	ne (1% of Part I	, line 27b)						6	ļ	2.
7 Add lines 5 and 6								7	<u> </u>	28,591
8 Enter qualifying distributions from	n Part XII, line 4							8		12,150.
If line 8 is equal to or greater than	n line 7, check th	ne box in Part VI, line	1b, and comp	lete that part usi	ng a 1°	% tax r	ate			
See the Part VI instructions								<u> </u>		

	m 990-PF (2010) SALEM COMMUNITY						0499			Page 4
Pa	art VI Excise Tax Based on Investment	Income (Section 4940	0(a), [,]	4940(b), 4	940(e), or 4	948	- see	nstru	ıctio	ns)
1a	a Exempt operating foundations described in section 4940(d)()					
	Date of ruling or determination letter									
þ	b Domestic foundations that meet the section 4940(e) requirer	nents in Part V, check here 🕒	• <u> </u>	and enter 1%)	1				4.
	of Part I, line 27b				i					
C	c All other domestic foundations enter 2% of line 27b Exempt	foreign organizations enter 4%	of Par	t I, line 12, co	(b) J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts a	nd taxable foundations only. Ot	hers er	nter -0-)		2				<u>0.</u>
3	Add lines 1 and 2			•••		3				4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts a	and taxable foundations only. Of	thers e	nter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line	3 If zero or less, enter -0-				5	<u></u>			4.
6	Credits/Payments									
а	a 2010 estimated tax payments and 2009 overpayment credite	d to 2010	6a							
b	b Exempt foreign organizations - tax withheld at source		6b	1						
C	c Tax paid with application for extension of time to file (Form 8	868)	6c							
d	d Backup withholding erroneously withheld		_6d							
	Total credits and payments Add lines 6a through 6d					7				0.
8	B Enter any penalty for underpayment of estimated tax. Check	here if Form 2220 is attac	ched			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, ente	r amount owed .			>	9				4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8	, enter the amount overpaid			, ▶	10				
	Enter the amount of line 10 to be Credited to 2011 estimate				Refunded -	11				
Pa	art VII-A Statements Regarding Activitie	es								
1a	a During the tax year, did the foundation attempt to influence a	ny national, state, or local legisl	lation o	or did it partici	oate or intervene	ın			Yes	No
	any political campaign?							_1a		X
þ	b Did it spend more than \$100 during the year (either directly 6							1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed des	scription of the activities and	d copie	es of any ma	tenals publishe	d or				
	distributed by the foundation in connection with the a	ctivities.								
	c Did the foundation file Form 1120-POL for this year?				-			10		_X
d	d Enter the amount (if any) of tax on political expenditures (see									
	(1) On the foundation ► \$ O.				0.	_				
е	e Enter the reimbursement (if any) paid by the foundation duri	ng the year for political expendi	iture tax	x imposed on	foundation					
	managers > \$0 .									
2	2 Has the foundation engaged in any activities that have not pr	eviously been reported to the IF	RS?					2		<u>X</u>
	If "Yes," attach a detailed description of the activities.									
3	3 Has the foundation made any changes, not previously report			ent, articles o	incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a co							3		X
	a Did the foundation have unrelated business gross income of	\$1,000 or more during the year	ırz		-	NT	/ 70	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?					IN	/A	4b		V
5	5 Was there a liquidation, termination, dissolution, or substant		,					5		X.
	If "Yes," attach the statement required by General Ins		.Als							
b	Are the requirements of section 508(e) (relating to sections	494 i through 4945) satisfied ei	ıtner							
	 By language in the governing instrument, or By state legislation that effectively amends the governing is 	natrumant on that no mandaton	a, diraal	tions that conf	liet with the etat	a laur				
	-	iistrument so that no mandatory	y uneci	lions mai com	iict with the Stat	s law		6	Х	
7	remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time	during the year?						7	X	
•	If "Yes," complete Part II, col (c), and Part XV.	outing the year?						'		
R۵	Ba Enter the states to which the foundation reports or with which	h it is registered (see instruction	ns\ ►							
94	NH	ii it ia regiaterea (aee matructio	1131							
ь	b If the answer is "Yes" to line 7, has the foundation furnished	a conv of Form 990-PF to the Af	ttornev	General (or d	esignate)					
J	of each state as required by General Instruction G? If "No		шотпоу	Sonoiai (oi u	oo.gnato/			8b	Х	:
a	Is the foundation claiming status as a private operating found		ction 4	942(I)(3) or 4	942(1)(5) for cal	endar		70		
-	year 2010 or the taxable year beginning in 2010 (see instruc	-			=()/(o) for oan			g	1	Х
10	3. Did any persons become substantial contributors during the	·	-		l addresses			10		×

If "Y
b Are

Form 990-PF (2010) SALEM COMMUNITY BENEFITS, INC. 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) 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ▶ ANN R. LALLY, SECRETARY Telephone no \triangleright (603) Located at ▶ 3 SOUTH BROADWAY, SALEM NH 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 16 At any time during calendar year 2010, 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? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country 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. 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (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.) 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 page 22 of the instructions)? 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 Х before the first day of the tax year beginning in 2010? 10 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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2010? Yes." list the vears ▶ 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 N/A statement - see instructions) 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 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2010 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2010) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2010?

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For	m 990-PF (2010) SALEM COMMUNITY BENEFITS,	INC.		02-0	499456	Page 8
P	art X Minimum Investment Return (All domestic foundations	must complete this part.	Foreign four	ndations, see	e instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc , purposes				
а	Average monthly fair market value of securities			1a		0.
b	Average of monthly cash balances			1b	118	,493.
C	Fair market value of all other assets			10	25	,000.
d	Total (add lines 1a, b, and c)			1d	143	,493.
	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	143	,493.		
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amour	4	2	,152.		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	5	141	,341.		
6	Minimum investment return. Enter 5% of line 5	6	7	,067.		
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and do not complete this par		oundations an	d certain		
1	Minimum investment return from Part X, line 6			1	7	,067.
	Tax on investment income for 2010 from Part VI, line 5	2a	4.		•	<u> </u>
	Income tax for 2010 (This does not include the tax from Part VI)	2b				
	Add lines 2a and 2b			20		4.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	7	,063.
4	Recoveries of amounts treated as qualifying distributions			4		0.
5	Add lines 3 and 4			5	7	,063.
6	Deduction from distributable amount (see instructions)			6		0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Pa	rt XIII line 1	•	7	7	,063.
P	art XII Qualifying Distributions (see instructions)	,				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	urnosas	 			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	прозез		1a	12	,150.
	Program-related investments - total from Part IX-B			1b		0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charit.	able etc. purposes		2		
2	Amounts set aside for specific charitable projects that satisfy the	able, etc., purposes		-		
3				3a		
	Suitability test (prior IRS approval required)			3b		
	Cash distribution test (attach the required schedule)	and Dort VIII. line 4			12	,150.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8,			4	12,	, 150.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	resuitent				0.
	Income Enter 1% of Part I, line 27b			5	1 2	,150.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	12	, 100.

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

Form **990-PF** (2010)

4940(e) reduction of tax in those years

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	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI, line 7				7,063.
2 Undistributed income, if any, as of the end of 2010				7.1.4
a Enter amount for 2009 only			0.	
h Total for prior years				
,,		0.	, ,, , , , , , , , , , , , , , , , , ,	
3 Excess distributions carryover, if any, to 2010				
a From 2005 2,553. b From 2006 26,573.				
c From 2007				
d From 2008 38,372.				
e From 2009	67,498.	į į		
f Total of lines 3a through e	07,430.			······
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 12,150.				
			0.	
a Applied to 2009, but not more than line 2a			- 0.	<u></u>
b Applied to undistributed income of prior		0.		,
years (Election required - see instructions)				T-1/
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				7,063.
d Applied to 2010 distributable amount e Remaining amount distributed out of corpus	5,087.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 Excess distributions carryover applied to 2010	0.			0.
(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				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	72,585.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		·····
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		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line	1			
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	2,553.			
not applied on line 5 or line 7	2/333.			······································
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	70,032.			
10 Analysis of line 9	,			······
a Excess from 2006 26,573.				
b Excess from 2007				
c Excess from 2008 38,372.				
d Excess from 2009				

Form **990-PF** (2010)

e Excess from 2010

5,087.

	OMMUNITY BE			02-04	99456	Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VI	I-A, question 9)			_
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo	r 2010, enter the date of t	he ruling	▶			
b Check box to indicate whether the found	iation is a private operatir	ig foundation described	ın section .	4942(J)(3) or49	(42 ₍₁)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Pnor 3 years			
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Tot	al
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			<u> </u>			
3 Complete 3a, b, or c for the alternative test relied upon						
a "Assets" alternative test - enter			1			
(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					1	
an exempt organization						
(4) Gross investment income					L	
Part XV Supplementary Info			if the foundation	n had \$5,000 or me	ore in asse	ets
at any time during	the year-see the	instructions.)				
1 Information Regarding Foundation	on Managers:					
a List any managers of the foundation wh			tributions received by th	e foundation before the clo	se of any tax	
year (but only if they have contributed i	more than \$5,000) (See s	section 507(d)(2))				
None						
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or	
other entity) of which the foundation ha					·	
None						
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., P	rograms:	-		
Check here ► ☐ If the foundation				not accept unsolicited requ	iests for funds	If
the foundation makes gifts, grants, etc						
a The name, address, and telephone num	·					•
ANN R. LALLY, (603)		iii applications siloniu ot	8 400165560			
3 SOUTH BROADWAY, SA		70				
				· · · · · · · · · · · · · · · · · · ·		
b The form in which applications should				II DE HCED		
LETTER OF REQUEST AN	ID EXPLANATI	OH AS TO HO	DW LONDS MI	TT BE OSED		
c Any submission deadlines						
NONE						
d Any restrictions or limitations on award						
LIMITED TO ORGANIZAT	TIONS IN THE	GREATER SA	ALEM, NH AR	EA		
	<u></u>					
					000 D	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Young Recipient Name and address (home or business) a Paid during the year REGION 10 COMMUNITY SUPPORT SERVICES, INC. 3 COMMERCE DR ATKINSON, NH 03811 THE UPPER ROOM 36 TSIENNETO RD DERRY, NH 03038 SALEM HIGH SCHOOL PARENTS MUSIC CLUB PO BOX 141 SALEM, NH 03079		Foundation status of recipient PUBLIC CHARITY PUBLIC CHARITY	Purpose of grant or contribution 14TH ANNUAL KIDS CARNIVAL PURCHASE & INSTALL NEW	Amount 1,000.
Recipient Name and address (home or business) a Paid during the year REGION 10 COMMUNITY SUPPORT SERVICES, INC. B COMMERCE DR ATKINSON, NH 03811 THE UPPER ROOM B6 TSIENNETO RD DERRY, NH 03038 SALEM HIGH SCHOOL PARENTS MUSIC CLUB PO BOX 141 SALEM, NH	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient PUBLIC CHARITY PUBLIC	contribution 14TH ANNUAL KIDS CARNIVAL	
Name and address (home or business) a Paid during the year REGION 10 COMMUNITY SUPPORT SERVICES, INC. B COMMERCE DR ATKINSON, NH 03811 THE UPPER ROOM B6 TSIENNETO RD DERRY, NH 03038 SALEM HIGH SCHOOL PARENTS MUSIC CLUB PO BOX 141 SALEM, NH	show any relationship to any foundation manager or substantial contributor	status of recipient PUBLIC CHARITY PUBLIC	contribution 14TH ANNUAL KIDS CARNIVAL	
REGION 10 COMMUNITY SUPPORT SERVICES, INC. 3 COMMERCE DR ATKINSON, NH 03811 THE UPPER ROOM 36 TSIENNETO RD DERRY, NH 03038 SALEM HIGH SCHOOL PARENTS MUSIC CLUB PO BOX 141 SALEM, NH	NONE	PUBLIC CHARITY PUBLIC	CARNIVAL	1,000
36 TSIENNETO RD DERRY, NH 03038 SALEM HIGH SCHOOL PARENTS MUSIC CLUB PO BOX 141 SALEM, NH	NONE	1	PURCHASE & INSTALL NEW	
MUSIC CLUB PO BOX 141 SALEM, NH	1		BOILER	6,075
	NONE	PUBLIC CHARITY	PARTICIPATE IN 2010 DISNEY WORLD PERFORMANCE	5,000
Tabal			▶ 3a	12,075
b Approved for future payment			54	12,073
None				
Total	L		<u>L</u>	

Form **990-PF** (2010)

023611 12-07-10

Part XVI-A Analysis of Income-Producing Activi	art XVI-A	Analysis of Income-Produ	cing Activitie
--	-----------	--------------------------	----------------

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		Code	7	
a			 		
b			<u> </u>		
C					
d			ļ		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	214.	
4 Dividends and interest from securities					
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		1-8-1-			
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue			Ì		
a					
b	1				
C	1 1	<u></u>			
	1 1				
d				1	
d			1	1	
e		0.		214.	0
e		0.		214.	
e		0.		·	0 214
e	is)			13	
e	is)			13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which	es to the Acco	mplishment of Ex	kemp	13	214

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SALEM COMMUNITY BENEFITS, INC.

Part XVII	Information Re Exempt Organ		sfers To a	nd Transactions	and Relations	ships With Nonch	aritable	<u> </u>	
1 Did the oi	rganization directly or indir	rectly engage in any	of the followin	g with any other organizati	on described in sec	tion 501(c) of		Yes	No
	-			7, relating to political orgai		• •			
	from the reporting founda								
(1) Cash	· · · · · ·						1a(1)		X
(2) Othe							1a(2)	-	Х
b Other tran									
	s of assets to a noncharital	ble exempt organiza	tion				16(1)	[Х
• •	hases of assets from a noi			•			1b(2)	Τ' -	Х
	al of facilities, equipment,						1b(3)		Х
	bursement arrangements						1b(4)	T I	X
` '	is or loan guarantees	•				•	1b(5)		X
, ,	ormance of services or me	mharshin ar fundrai	icina colicitatio	ne			1b(6)		X
• •	of facilities, equipment, ma					•	1c		X
•		_		dule Column (b) should al	lwave chow the fair	market value of the goods			
				ed less than fair market val				3612,	
	d) the value of the goods,			su 1635 (IIali Iali Illaiket vai	ue ili aliy tialisactio	in or snatting attaingement.	SHOW III		
	(b) Amount involved			exempt organization	(d) December				
(a) Line no	(b) Amount involved	(b) Wallie U	N/A	exempt organization	(u) Description	on of transfers, transactions, an	u snanng ar	rangeme	nus
N/A				<u> </u>					
						··			
									
					_				
									
		ļ 							
		<u> </u>							
			· ··			 			
	· ·								
	indation directly or indirects 1501(c) of the Code (othe	-		or more tax-exempt organion 527?	izations described		Yes	X] No
b if Yes, c	complete the following sch			ı					
	(a) Name of org	janization		(b) Type of organization		(c) Description of relation	ship		
	N/A								
					<u> </u>				
		· · · · · · · · · · · · · · · · · · ·				_			
Sign Here	complete Declaration of prepa	ader (Sharthan taxpaye	r or fiduciary) is ba	ing accompanying schedules all ased on all information of which	nd statements, and to to preparer has any know	vledge	Secret	_	:t, 1
	Signature of officer or tru			Date		Title			<u>ე</u>
	Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check if PTIN	j		
Paid	E.DREWCH	IENEY	٤.)	rew Cheny	6/13/11	self- employed			
Preparer Use Only	Firm's name ► BAK	ER NEWMAN	V & NOY	ES		Firm's EIN ►			
	Firm's address ► BO								
	1 00	ע מואג דיחם	VE 0/11	2		1207	71 07	0 2	100

023622 04-26-11

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the organization

asury

Employer identification number

SALEM	COMMUNITY	BENEFITS,	INC.	02-0499456
Organization type (check one)				
ilers of: Sect	tion:			
form 990 or 990-EZ	501(c)() (enter n	umber) organizatioi	١	
	4947(a)(1) nonexemp	ot charitable trust n e	ot treated as a private foundation	
	527 political organiza	ation		
Form 990-PF X	501(c)(3) exempt priv	ate foundation		
	4947(a)(1) nonexemp	ot charitable trust tr	eated as a private foundation	
	501(c)(3) taxable priv	ate foundation		
General Rule X For an organization filing contributor. Complete Pa		990-PF that receive	d, during the year, \$5,000 or more (in m	oney or property) from any one
Special Rules				
509(a)(1) and 170(b)(1)(A	x)(vi), and received fron	any one contribute	met the 33 1/3% support test of the reg or, during the year, a contribution of the line 1. Complete Parts I and II.	
	of more than \$1,000 fo	or use <i>exclusively</i> fo	90-EZ that received from any one contro r religious, charitable, scientific, literary, II, and III.	
contributions for use exc If this box is checked, en	clusively for religious, c nter here the total cont te any of the parts unle	haritable, etc., purp ributions that were ess the General Ru	190-EZ that received from any one contriouses, but these contributions did not agreeived during the year for an exclusive le applies to this organization because in the year.	ggregate to more than \$1,000. ely religious, charitable, etc ,
	IV, line 2 of its Form 99	0, or check the box	e Special Rules does not file Schedule I on line H of its Form 990-EZ, or on line 2	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

SALEM COMMUNITY BENEFITS, INC.

02-0499456

Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	SALEM CO-OPERATIVE BANK 3 SOUTH BROADWAY SALEM, NH 03079	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Onneash Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution	
	23-10	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

of Part II

Name of organization

Employer identification number

SALEM COMMUNITY BENEFITS, INC.

02-0499456

art II No	encash Property (see instructions)	_		
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		
		1 9		
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
_				
		\$		
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
			_	
_ _				
	<u> </u>	\$	-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	· · · · · · · · · · · · · · · · · · ·			
_		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
Part I				
_				
İ —		 \$		
 3453 12-23-10			 990, 990-EZ, or 990-PF) (2	

Schequie B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Employer identification number Name of organization 02-0499456 SALEM COMMUNITY BENEFITS, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) > \$ (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF	Taxes		Statement 1		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
FEDERAL EXCISE	2.	0.		0.	
To Form 990-PF, Pg 1, ln 18	2.	0.		0.	
Form 990-PF	Other Expenses		Statement 2		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
OTHER	75.	0.		75.	
To Form 990-PF, Pg 1, ln 23	75.	0.		75.	

Form 990-PF Part VIII - List Trustees and	of Officers, D Foundation Mana	Statement 3		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
NADEMA GEMMELL C/O SALEM COMMUNITY BENEFITS, INC. 3 SOUTH BROADWAY SALEM, NH 03079	CHAIRMAN 0.00	0.	0.	0.
JOHN KORBEY C/O SALEM COMMUNITY BENEFITS, INC. 3 SOUTH BROADWAY SALEM, NH 03079	DIRECTOR 0.00	0.	0.	0.
DAVID BESHARA C/O SALEM COMMUNITY BENEFITS, INC. 3 SOUTH BROADWAY SALEM, NH 03079	DIRECTOR 0.00	0.	0.	0.
JAMES RAUSCH C/O SALEM COMMUNITY BENEFITS, INC. 3 SOUTH BROADWAY SALEM, NH 03079	DIRECTOR 0.00	0.	0.	0.
ANN R. LALLY C/O SALEM COMMUNITY BENEFITS, INC. 3 SOUTH BROADWAY SALEM, NH 03079	SECRETARY 0.00	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	0.	0.	0.