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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0047

Open to Public Inspection

<u>A I</u>	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and	ending J	UN 30, 2011	
В	Check of applicable	C Name of organization		D Employer identific	ation number
	Addres change	RISING TIDE COMMUNITY LOAN FUND			
	Name change	Doing Business As		23-30	79170
	Initial retum	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin ated	1337 EAST FIFTH STREET		610-6	591-5620
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	523,321.
L	Application pending	BETHEER, FA 10015		H(a) Is this a group re	
	pendin	F Name and address of principal officer.ALAN JENNINGS		for affiliates?	Yes X No
_		1337 EAST FIFTH STREET, ALLENTOWN, PA	18105	H(b) Are all affiliates incl	
		empt status. X 501(c)(3)	or 527		list. (see instructions)
		e: ► CACLV.ORG		H(c) Group exemption	
		organization X Corporation	L Year	of formation 2001 M	State of legal domicile PA
100	art I	Summary	````	GAMTON DDOM	TDEC TONIC
9		Briefly describe the organization's mission or most significant activities: THE (
Activities & Governance	1 '			IAY NOT QUAL	
Ver	l .	Check this box I if the organization discontinued its operations or dispos	1 1	sets.	
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	13
∞ ರ		Number of independent voting members of the governing body (Part VI, line 1b)		4	13
tie	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	19
Ξ̈́	6	Total number of volunteers (estimate if necessary)		6	0.
Ą	/a	Total unrelated business revenue from Part-VIII, column (2) Inde-12 Net unrelated business taxable income from Form 990-T,-line 34		. 7a	0.
	B			Prior Year	·
_	8	Contributions and grants (Part VIII, line 1h)		0.	Current Year 418, 456.
Je	1			0.	101,692.
Revenue	10	Program service revenue (Part VIII, line 2g)	-	0.	896.
	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 70/EN, UT	- -	0.	2,277.
>.	1 ''	Other revenue (Fart Vin, Column (A), lines 3, od, ec. 96, roc, and TTe)	· -	0.	523,321.
<u> </u>	T	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
,,)	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	91,138.
Çĕ	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	100	Total fundraising expenses (Part IX, column (A), line 25) 18,75	56.	•	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	0.	119,117.
•	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	0.	210,255.
,	1	Revenue less expenses. Subtract line 18 from line 12		0.	313,066.
Sec.	1.0	revende less expenses. Outstract line 10 from line 12	Re	ginning of Current Year	End of Year
and a	20	Total assets (Part X, line 16)	50	935,391.	1,672,527.
Ass	21	Total liabilities (Part X, line 26)	-	422,978.	847,047.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		512,413.	825,480.
P	art II	Signature Block			<u></u>
		lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
		t, and complete Declaration of preparer (other than officer) is based on all information of wh			,, ,
		A A City	<u>-</u>	0109	112
Sig	n	Signature of officer		Date	
Hei	re	ALAN JENNINGS, EXECUTIVE DIRECTOR			
		Type or print name and title	_	•	
		Print/Type preparer's name P(eparer's signature	T	Date Check	PTIN
Pan	İ	JAMES F. BOVA, CPA Muney Boyal, CPA	\mathcal{A}	1/07/12 self-employe	d
Pre	parer	Firm's name CAMPBELL RAPPOLD & YURASITS LLP		Firm's EIN	
Use	Only	Firm's address ▶ 1033 S CEDAR CRÆST BLVD			
		ALLENTOWN, PA 18103-5443		Phone no (610)435-7489
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 02-2		ons.		Form 990 (2010)

13250107 781244 47250

Part IV Checklist of Required Schedules

•	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		_	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	İ	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			ļ
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,]
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
þ	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
l	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		1
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			-
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
		Form	990	(2010)

Ра	TEN Checklist of Required Schedules (continued)			
`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ.,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X
b		28b		X
C				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			i
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	l	v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	X	(00:5)
		Form	990 ((2010

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
<u>`</u>	Officers is defined in a contrains a response to any question in this rait v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2		163	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		ne organization solicit	_		
	any contributions that were not tax deductible?		6a	 	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	۵.		
7	were not tax deductible?		6b	 	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	auge projuded to the payor?	7a		X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the payor?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	'''		\vdash
·	to file Form 8282?	as required	7c	Ì	x
d	White has a second of the seco	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	· · · · · · · · · · · · · · · · · · ·	7e	ĺ	İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the supporting	,,_,		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	L	ļ.,
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	<u> </u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	1 I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	11			
a	Gross income from members or shareholders	11a	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
120	amounts due or received from them.)	11b	40-		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12b	12a	 	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]	ł		
a			13a	 	
u	Note. See the instructions for additional information the organization must report on Schedule O.	•	1.00	1	1
ь					
_	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	1		
14a			14a	T	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		L
				000	10040

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management			
	months developed and management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	3		
b	Enter the number of voting members included in line 1a, above, who are independent 13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	17	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		.,	
12a	, January 1, 11, 12, 12, 12, 12, 12, 12, 12, 12,	12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			,
	to conflicts?	12b		<u> </u>
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		х
	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46.	1	Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	<u>. </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	101		
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
. •	statements available to the public.	11110	ioidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition:	•	
	MICHAEL KASSAY - 610-691-5620			
	1337 EAST FIFTH STREET, BETHLEHEM, PA 18015			

Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average hours per	(ci	heck	Pos			ly)	Reportable compensation	Reportable compensation	Estimated amount of	
	week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
PAT CORPORA	0.00										
BOARD MEMBER	2.00	X	ļ		ļ	<u> </u>	-	0.	0.	0.	
ROSA FERNANDES	2 00					İ			_	_	
BOARD MEMBER	2.00	Х		 -	├	<u> </u>	_	0.	0.	0.	
BARBARA LAMPE	2.00	X		•			1	0.	0.	0.	
BOARD MEMBER	2.00	^	-	-	├	<u> </u>	-	0.	0.	0.	
STEVE MELNICK PRESIDENT	2.00	X		Х				0.	0.	0.	
JOSE ORTIZ	2.00	^		^	┢				0.	0.	
BOARD MEMBER	2.00	X		ļ				0.	0.	0.	
GWENDOLYN RASUL	1 2.00	1	-	 	├	 		†	•	-	
BOARD MEMBER	2.00	X			Ì			0.	0.	0.	
MARK SAUNDERS		<u> </u>	l								
VICE PRESIDENT	2.00	X	ŀ	X			}	0.	0.	0.	
ROLF SCHLAKE			Ì								
BOARD MEMBER	2.00	X	ŀ					0.	0.	0.	
THOMAS SHAUGHNESSY			Π								
BOARD MEMBER	2.00	X		$oxed{oxed}$		<u> </u>		0.	0.	0.	
CHRIS SMITH											
BOARD MEMBER	2.00	X						0.	0.	0.	
TODD WATKINS			ĺ				İ		_		
SECRETARY	2.00	X	lacksquare	X				0.	0.	0.	
PALMER ZIGMUND				l							
TREASURER	2.00	X	ļ	X	<u> </u>	-	<u> </u>	0.	0.	0.	
ALAN JENNINGS	1 2 00			,,							
EXECUTIVE DIRECTOR	2.00	-	┝	X	├	-	L	0.	0.	0.	
	-	-	-	-	-	-	\vdash				
	-	-	\vdash	\vdash	\vdash	┼	┢				
	1										
		+	+	+	\vdash	\vdash	\vdash				
				-							
032007 12 21 10		1			<u> —</u>	_			I	Form 990 (2010)	

Form **990** (2010)

1 41	T VII Section A. Officers, Directors, Tr		mple	oyee			High	est						
•	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average hours per week	(с				app	ly)	Reportable compensation	Reportable compensation	,	am	timate iount	
		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	tions co -MISC) o		other compensation from the organization and related organizations	
			_											
			:											
			_											
										-				
												-		
1 b	Sub-total								0.		0.			0.
c	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A							0.	-	0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed at	2006	e) wh	no re						0.
3	Did the organization list any former officer			. lea		-1-					r		Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual										3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? If "Yes,	" co	mple	ete S	Sche	edule) <i>J f</i>	or such individual .		-	4		X
	rendered to the organization? If "Yes," cortion B. Independent Contractors					-		Ciat	ed organization or moly	dual for services		5		Х
1	Complete this table for your five highest of the organization.	ompensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of comp	pensa	ation fi	rom	-
	(A) Name and busines	s address							(B) Description of s	ervices	Co	(C		n
								_						
	Table	A												
	Total number of independent contractors \$100,000 in compensation from the organ		ot II	mite	d to		se lis	sted	above) who received m	nore than		Eorm G	200 <i>"</i>	2040

RISING TIDE COMMUNITY LOAN FUND

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	olete column (A) but are	not required to complete	e columns (B), (C), and (D	O)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				·
	organizations in the U.S. See Part IV, line 21				······
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			······································	······································
	organizations, and individuals outside the U.S.			į	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	. =			
	trustees, and key employees			Ì	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	63,074.	63,074.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	28,064.	28,064.		
10	Payroll taxes		•		
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,754.	2,754.		
c	Accounting	5,500.		5,500.	
d	Lobbying			·	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	1,777.		1,777.	
12	Advertising and promotion	60.	60.	· · · · ·	
13	Office expenses	583.	583.		
14	Information technology	779.	779.		
15	Royalties				
16	Occupancy	993.	993.		=**
17	Travel	3,844.	3,844.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,131.	2,131.		
20	Interest	4,074.	4,074.		·
21	Payments to affiliates	25,666.		6,910.	18,756.
22	Depreciation, depletion, and amortization	521.	521.		
23	Insurance	372.	372.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	LOAN LOSS RESERVE	62,625.	62,625.		
b	DUES AND SUBSCRIPTIONS	3,392.	3,392.		
c	TELEPHONE	1,982.	1,982.		
d	MAINTENANCE AND REPAIRS	859.	859.		
е	PRINTING	446.	446.		
f	All other expenses	759.	759.		
25	Total functional expenses. Add lines 1 through 24f	210,255.	177,312.	14,187.	18,756.
26	Joint costs. Check here ▶ ☐ If following SOP		· -		· · · · · · · · · · · · · · · · · · ·
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 789. 167,021. Cash · non-interest-bearing 1 271,198. 581,093. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net ... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,986 basis. Complete Part VI of Schedule D 10a 3,551 956. 10b 435. b Less: accumulated depreciation 10c 11 Investments · publicly traded securities 11 12 Investments - other securities. See Part IV. line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 923,978. 662,448. 15 Other assets. See Part IV, line 11 15 935,391. 1,672,527. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 8,216. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities, Complete Part X of Schedule D 414,762. 25 838,136. 847,047. 422,978. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 86,425. 128,430. 27 Unrestricted net assets 27 415,983. 687,045. 28 28 Temporarily restricted net assets 10,005. 10,005. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 512,413. 825,480. 33 33 Total net assets or fund balances

1,672,527. Form **990** (2010)

Total liabilities and net assets/fund balances

935,391

Form	990 (2010) RISING TIDE COMMUNITY LOAN FUND	23-307	9170	Pag	ge 12
Pa	Reconciliation of Net Assets				-
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	523	3,3	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	210	0,2	55.
3	Revenue less expenses Subtract line 2 from line 1	3	313	3,0	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	512	2,4	13.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	825	5,4	79.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			, ,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	[
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or guides, explain why in Schedule O and describe any stage taken to undergo such audite		36		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

RISING TIDE COMMUNITY LOAN FUND

Employer identification number 23-3079170

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: In organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I **b** Type II d ___ Type III · Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes

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Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	316,033.	118,454.	78,324.	64,888.	423,969.	1001668.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities		:				
	furnished by a governmental unit to the organization without charge	i					
А	Total. Add lines 1 through 3	316,033.	118,454.	78,324.	64,888.	423,969.	1001668.
5	The portion of total contributions	310,033.	110/131.	7073241	04,000.	423,303.	1001000.
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						56,724.
6	Public support. Subtract line 5 from line 4	.''	'.'	. !! .!.!!!	•		56,724. 944,944.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	316,033.	118,454.	78,324.	64,888.	423,969.	1001668.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	29,752.	41,983.	45,751.	65,395.	88,699.	271,580.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	3,239.	5,625.	11,898.	14,410.	16,166.	51,338. 1324586.
	Total support. Add lines 7 through 10			1			1324586.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	=	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2010 (olumn (f))		14	71.34 %
	Public support percentage from 2009	,	•		_	15	65.03 %
	33 1/3% support test - 2010.If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						ightharpoons X
b	33 1/3% support test - 2009. If the o	rganization did not	check a box on li	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	-			~		▶ □
b	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	in Part IV how the	
	organization meets the "facts-and-circ						▶□
18_	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Section A.	Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, gra	nts, contributions, and						
members	hip fees received. (Do not					}	
include a	ny "unusual grants.")						
2 Gross red	eipts from admissions,						
	dise sold or services per-						
•	r facilities furnished in the that is related to the						
•	ion's tax-exempt purpose						
	elpts from activities that						
	n unrelated trade or bus-						
	ler section 513						
	nues levied for the organ-						
	penefit and either paid to						
	ded on its behalf					:	
•	of services or facilities						
	by a governmental unit to						
	ization without charge						
_	- h		<u> </u>		<u> </u>		
	d lines 1 through 5					 	
	included on lines 1, 2, and						
_	d from disqualified persons				. —	-	
	auded on lines 2 and 3 received lian disqualified persons that						
-	reater of \$5,000 or 1% of the						
	ne 13 for the year						
c Add lines			1		 		
	Ipport (Subtract line 7c from line 6)		1	<u> </u>	1	<u> </u>	
	Total Support		ī	ī			
	or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts	T						
	come from interest, s, payments received on						
	s loans, rents, royalties						
	me from similar sources						
b Unrelated	business taxable income						
(less secti	on 511 taxes) from businesses						
acquired a	fter June 30, 1975						
c Add lines	10a and 10b						
	ne from unrelated business						-
	not included in line 10b,						
	or not the business is carried on						
	ome. Do not include gain		-		•		
	om the sale of capital						
	xplain in Part IV.) 10rt (Add lines 9, 10c, 11, and 12)						
	years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax vear as a sect	on 501(c)(3) organiz	zation.
	s box and stop here	the organization	• mat, 0000ma, tm	,			. ,
	Computation of Publi	c Support Pe	rcentage				
	pport percentage for 2010 (li		-	column (fl)		15	Ç
	pport percentage from 2009	• •		00,0,,,,		16	
	Computation of Inves						
	nt income percentage for 20		_			17	(
	nt income percentage from 2			ile 13, column (i//		18	
				on line 14 and lin	e 15 is more than	<u> </u>	
	support tests - 2010. If the	-					17 is not ▶
	n 33 1/3%, check this box ar	-	•	-			,
	support tests - 2009. If the	-					
	not more than 33 1/3%, che			•		-	
20 Private f	oundation. If the organization	n did not check a	box on line 14, 19	ia, or 19b, check '	this box and see i	nstructions	▶∟

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

RISING TIDE COMMUNITY LOAN FUND

Employer identification number

	RISING TIDE COMMON		23-30/91/0
Pa			r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	7*	· · · · · · · · · · · · · · · · · ·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ha
	year▶	,	3
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	<u> </u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense st	
	include, if applicable, the text of the footnote to the organiza		
_	conservation easements.		3
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	nd balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	•	,,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial or	
_	the following amounts required to be reported under SFAS 1		, p. 01100
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		. > \$
			- w

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Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	2,701.
(3) ACCOUNTS PAYABLE - AFFILIATE	5,435.
(4) LOANS PAYABLE	830,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total, (Column (b) must equal Form 990, Part X, col (R) line 25.)	▶ 838,136.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) 032053 12-20-10 Schedule D (Form 990) 2010

Schedule, D (Form 990) 2010

(1) Financial derivatives (2) Closely-held equity interests

(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (1)

> (1) (2)(3) (4) (5) (6) (7)(8)(9)(10)

> > (1)

(2)(3)(4)(5) (6)(7) (8) (9) (10)

(including name of security)

	dule D (Form 990) 2010 RISING TIDE COMMUNITY LOAN	<u> FUN</u>	D		23-3	<u> 3079170</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audit	ed Finan	cial Sta	tement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		523	,321.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			,255.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•		3			,066.
4	Net unrealized gains (losses) on investments		•	4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments	•		7			
8	Other (Describe in Part XIV.)	•		8			
9	Total adjustments (net). Add lines 4 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	ınd 9	• •	10		313	,066.
Par	t XII Reconciliation of Revenue per Audited Financial Statem		ith Rever	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements				1		,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	• •				
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			_		
C	Recoveries of prior year grants	2c			7		
ď	Other (Describe in Part XIV.)	2d	8	3,143	3.		
e	Add lines 2a through 2d				2e	83	.143.
3	Subtract line 2e from line 1				3	523	,143. ,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-		,
·	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			-		
	Add lines 4a and 4b	1.0	L		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	523	,322.
************	TXIII Reconciliation of Expenses per Audited Financial Stater	nents V	Vith Expe	nses p			, , , , , , ,
1	Total expenses and losses per audited financial statements				1		,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						,
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			-		
c	Other losses	2c			-		
d	Other (Describe in Part XIV.)	2d		5,512	7.		
e	Add lines 2a through 2d		l		2e	5	,512.
3	Subtract line 2e from line 1		•		3	210	,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						<u>, </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			7		
	Add lines 4a and 4b	<u> </u>	I		4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•			5	210	
	t XIV Supplemental Information						,
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III lines :	ta and 4: Pa	rt IV line	a 1b and 2	h: Part V Ime	A: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con						7,1 ait
	WEDULE D PART XII LINE 2D: RELEASES FROM I					iiiioiiiiatioii.	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

RISING TIDE COMMUNITY LOAN FUND 23-3079170 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STANDARDS, TO IMPROVE THE SOCIAL WELFARE OF ECONOMICALLY DEPRESSED OR BLIGHTED NEIGHBORHOODS OF THE COMMUNITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AFFORDABLE CREDIT PRODUCTS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE GOVERNING BOARD IS GIVEN A COPY OF THE 990 FOR THEIR REVIEW. AFTER ALL NECESSARY CHAGES ARE MADE, IF ANY, THE GOVERNING BOARD FILES THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY INQUIRES IF ANYONE FROM THE BOARD HAS A CONFLICT OF INTEREST IN ANY VENDORS, IF A CONFLICT IS IDENTIFIED, THE MEMBER WITH THE CONFLICT OF INTEREST IS NOT ALLOWED TO VOTE ON ANY DECISION REGARDING THE VENDOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STAEMENTS AVAILABLE TO THE PUBLIC, UPON REQUEST AT ITS ADMINISTRATIVE OFFICE. FORM 990, PART XII, LINE 2C THE BOARD OF DIRECTORS OF THE ORGANIZATION IS RESPONSIBLE FOR SELECTION OF THE AUDITORS AND OVERSIGHT OF THE AUDIT.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part #

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2010 Open to Public' Inspection OMB No 1545-0047

Employer identification number 23-3079170

RISING TIDE COMMUNITY LOAN FUND Name of the organization

ε e চ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ত <u>@</u> <u>a</u>

	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	lated tax-exempt

organizations during the tax year.)

(a)	(a)	(0)	(Q)	(e)	(J)	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	gul	Section 512((5 J)(2 P
of related organization		foreign country)		status (if section	entity	entity?	
				501(c)(3))		Yes	No
COMMUNITY ACTION DEVELOPMENT CORPORATION OF							
THE LEHIGH VALLEY, INC 23-273, 1337 E.							
5TH STREET , BETHLEHEM, PA 18015							×
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						-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032161 12-21-10 LHA

Schedule R (Form 990) 2010

RISING TIDE COMMUNITY LOAN FUND

Schedule R (Form 990) 2010

part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

23-3079170

(i) (k) General or Percentage managing ownership partner? Yes No			
Perce owne	_		
General or managing partner?			
× <u>a</u> € 50 × a	 <u> </u>		
Disproportion- ate allocations? Ves No From 1065)			
(i) Sode V Pount I of Sch (Form			
7.2g	 -		
(h) reportion locations	 		
Dispro ate allo			
(g) nare of l-of-yea ssets			
(g) Share of end-of-year assets			
(f) Share of total income			
(f) nare of incorr			
come ited, cunde			
(e) nant inc , unrela rom tax s 512-5			
domin lated, ded fro			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	_		
(d) Direct controlling entity			
(d) contro entity			
rect c			
(c) Legal domicile (state or foreign			
tivity			
(b) Primary activity			
Prime			
		 	
:			
EIN tion			
(a) Name, address, and EIN of related organization			
(a) ddress d org			
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of Na			
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

(b) (t) (e) (p)	Primary activity Legal domicile Direct controlling Type of entity Share of total Share of Percentage (C corp., S corp., income end-of-year ownership or trust)								
(a)	Name, address, and EIN of related organization								

Schedule R (Form 990) 2010

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Schedule R (Form 990) 2010 RISING TIDE COMMUNITY LOAN FUND

ins (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)
ganization answered "Yes" to Form 990, P
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ganization answered "Yes" to Form 990, P
ganization answered "Yes" to Form 990, P
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	$= \sum_{i=1,\dots,n} \sum_$
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- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
 - Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
 - Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)

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- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ns line, including covered re	lationships and transaction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OF LEHIGH VALLEY, INC.	д	5,345.	
COMMUNITY ACTION DEVELOPMENT CORPORATION (2) OF LEHIGH VALLEY, INC.	υ	42,342.	
COMMUNITY ACTION DEVELOPMENT CORPORATION (3) OF LEHIGH VALLEY, INC.	ı	25,666.	
(4)			
(5)			

Schedule R (Form 990) 2010

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Page 4

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

inal was not a related digalization. See instructions regarding excusion to certain investment parties inpos	מפונים בפונים וואפפיוופור ליפוניופור						
(a)	(q)		<u>5</u>			(B)	
Name, address, and EIN	Primary activity		Are all partners	ഗ	Dispropor-	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	bad
		//	res		Tes No	(0001 11101)	Tes
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Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	RISING	TIDE	COMMUNITY	LOAN	FUND	23-3079170 p	age 5
Part VII	(Form 990) 2010 Supplemental Info	rmation						
•	Complete this part to pro	vide additional i	nformatio	n for reconnects to a	uloctions (on Schedule R (see instruc	ations)	
	Complete this part to pro	vide additional	monnado	il lor responses to c	pestions (on schedule in (see instruc	nons).	
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Form **8868**

(Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box												
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)												
	complete Part II unless you have already been granted a				rm 8868							
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation												
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension												
	o file any of the forms listed in Part I or Part II with the ex											
	Benefit Contracts, which must be sent to the IRS in pap											
	virs gov/efile and click on e-file for Charities & Nonprofits		(ace instructional, for more details on the	ile elec	Stronic hing of this	ionii,						
Part I	Automatic 3-Month Extension of Time		ibmit original (no copies needed)									
	ation required to file Form 990-T and requesting an autor			nlete								
Part I on		nano o m	Shar externation check this box and con	ipicto	_	. —						
All other	, corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	exter	nsion of time							
Type or	Name of exempt organization	Emn	Employer identification number									
print												
	RISING TIDE COMMUNITY LOAN	23-3079170										
File by the due date for	N I I I I I I I I I I I I I I I I I I I		3 3073170									
filing your	1337 EAST FIFTH STREET											
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.											
	BETHLEHEM, PA 18015	J	,									
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1						
Applicat	ion	Return	Application			Return						
ls For		Code	Is For			Code						
Form 990)	01	Form 990-T (corporation)	m 990-T (corporation)								
Form 990)-BL	02	Form 1041-A		08							
Form 990)-EZ	03	Form 4720		09							
Form 990)-PF	04	Form 5227	10								
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069	11								
	O-T (trust other than above)	06	Form 8870		12							
	CHARLES GEHRING	3				_ 						
• The b	ooks are in the care of ▶ 1337 EAST FIFTE		EET - BETHLEHEM, PA	180	15							
	none No ▶ 610-691-5620		FAX No ▶		. 							
	organization does not have an office or place of business	s in the Ur				. 🗆 1						
	is for a Group Return, enter the organization's four digit			s is fo	r the whole group,	رر — © check this						
box 🕨	If it is for part of the group, check this box	1	· · · · · · · · · · · · · · · · · · ·		• , .	ll li						
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until												
	FEBRUARY 15, 2012 , to file the exemp		·		The extension							
ıs f	or the organization's return for	i organiza	tion retain for the organization married a		THE EXTENSION							
	calendar year or											
		an	d ending JUN 30, 2011									
	taxyoan boginining	, an	d cliding		 ·							
2 If th	ne tax year entered in line 1 is for less than 12 months, c	hack rase	on: Initial return Fina	l retur	'n							
	2 If the tax year entered in line 1 is for less than 12 months, check reason· Initial return Final return Change in accounting period											
	Change in accounting period											
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 o	nter the tentative tax loss any									
	nrefundable credits. See instructions	The time terralive tax, less any	3a	\$	0.							
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	Ja		<u></u>								
	insapplication is for Form 990 FF, 990 F, 4720, or 6069, imated tax payments made. Include any prior year overp	3b	\$	0.								
		30										
	ance due. Subtract line 3b from line 3a. Include your pa	3c	s	0.								
	by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instru											
LHA For Paperwork Reduction Act Notice, see Instructions.												
•		-			5555 (* *	,						

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