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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

B Check if applicable	C Name of organization NEW HAMPSHIRE CATHOLIC CHARITIES	D Employer identification number 02-0222163
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (603) 669-3030
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 215 MYRTLE STREET	F Gross receipts \$ 66,282,846
<input type="checkbox"/> Initial return	Room/suite	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 MANCHESTER, NH 03104	
F Name and address of principal officer THOMAS BLONSKI 215 MYRTLE STREET MANCHESTER, NH 03104		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ► 0928

J Website: ► WWW NH-CC.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1945 M State of legal domicile NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities GROUNDED IN THE LIFE AND MINISTRY OF JESUS CHRIST, NEW HAMPSHIRE CATHOLIC CHARITIES RESPONDS TO THOSE IN NEED WITH PROGRAMS THAT HEAL, COMFORT AND EMPOWER		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,137
6 Total number of volunteers (estimate if necessary)	6	502
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	16,630,617	21,543,397
9 Program service revenue (Part VIII, line 2g)	43,592,969	42,995,078
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	898,423	735,828
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,823	38,038
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,164,832	65,312,341

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	331,857	324,343
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,460,911	30,877,153
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,138,781		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,470,460	30,256,435
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	58,263,228	61,457,931
19 Revenue less expenses Subtract line 18 from line 12	2,901,604	3,854,410

20 Total assets (Part X, line 16)	60,062,219	63,795,515
21 Total liabilities (Part X, line 26)	9,368,098	9,137,198
22 Net assets or fund balances Subtract line 21 from line 20	50,694,121	54,658,317

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer THOMAS BLONSKI PRESIDENT/CEO Type or print name and title	2012-11-15 Date
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Paid Preparer's Use Only	Preparer's signature ► DOREEN L MCNEILL	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00629648
	Firm's name (or yours if self-employed), address, and ZIP + 4 HOWE RILEY & HOWE PLLC 660 CHESTNUT STREET MANCHESTER, NH 031043500			EIN ► 20-3985821
				Phone no ► (603) 627-3838

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

GROUNDED IN THE LIFE AND MINISTRY OF JESUS CHRIST, NEW HAMPSHIRE CATHOLIC CHARITIES RESPONDS TO THOSE IN NEED WITH PROGRAMS THAT HEAL, COMFORT, AND EMPOWER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 39,112,337 including grants of \$) (Revenue \$ 41,231,261)

ELDERLY CARE NURSING HOMES & RESIDENTIAL COMMUNITIES OUR SIX HEALTHCARE FACILITIES, PEPPERED THROUGHOUT THE STATE, PROVIDE RESIDENT-CENTERED NURSING AND REHABILITATIVE CARE FOR THE ELDERLY OUR FOUR INDEPENDENT LIVING CENTERS ENABLE THE ELDERLY TO SUCCESSFULLY LIVE ON THEIR OWN, YET WITH THE CARING OVERSIGHT FROM STAFF TO ENSURE THEY ARE MAINTAINING AND LIVING A HEALTHY AND VITAL LIFE OUR HOME HEALTH CARE AGENCY PROVIDES NURSING AND HOME SUPPORT SERVICES TO INDIVIDUALS IN EITHER THEIR COMMUNITY, HOME, OR INSTITUTIONAL HOME SETTING

4b (Code) (Expenses \$ 15,353,985 including grants of \$) (Revenue \$ 524,631)

FOOD BANK THE NEW HAMPSHIRE FOOD BANK, A PROGRAM OF NH CATHOLIC CHARITIES, DISTRIBUTES IN EXCESS OF 8 MILLION POUNDS OF FOOD ANNUALLY THROUGHOUT THE STATE TO REGISTERED AGENCIES THESE AGENCIES INCLUDE FOOD PANTRIES, SOUP KITCHENS, ELDERLY MEAL SITES, CHILDREN'S PROGRAMS AND HOMELESS/EMERGENCY SHELTERS IN ADDITION TO FOOD DISTRIBUTION, THE FOOD BANK ALSO OPERATES THE RECIPE FOR SUCCESS PROGRAMS THAT ARE DESIGNED TO HELP INDIVIDUALS BREAK THE CYCLE OF POVERTY THE CULINARY TRAINING PROGRAM TEACHES NECESSARY SKILLS FOR THE UNEMPLOYED, UNDEREMPLOYED OR "RE-ENTRY" INDIVIDUALS TO ENTER THE FOOD SERVICE INDUSTRY THE COOKING MATTERS PROGRAM, A PROGRAM OF SHARE OUR STRENGTH, OFFERS A VARIETY OF CLASSES TO LOW INCOME INDIVIDUALS TEACHING NUTRITION, BUDGETING, AND MEAL PREPARATION TECHNIQUES THE FOOD BANK ALSO HAS PRODUCTION GARDENS THAT SUPPLY ITS PROGRAMS AND REGISTERED AGENCIES WITH FRESH PRODUCE THE FRESH RESCUE PROGRAM ALLOWS THE FOOD BANK TO WORK WITH SUPERMARKETS ON THE RECOVERY OF MUCH-NEEDED PROTEIN PRODUCTS (SECURING MEAT AND POULTRY THAT ARE CLOSE TO THEIR "SELL-BY" DATE THAT OTHERWISE WOULD BE DISCARDED) THE FOOD BANK ALSO OFFERS SNAP OUTREACH TO HELP ELIGIBLE INDIVIDUALS ENROLL IN FOOD STAMP PROGRAMS AND PROVIDED 9,557 MEALS TO 3 USDA SUMMER FEEDING PROGRAM SITES

4c (Code) (Expenses \$ 944,857 including grants of \$) (Revenue \$ 547,563)

CHILDREN'S HOME ST. CHARLES CHILDREN'S HOME IS AN INTERMEDIATE LEVEL GROUP HOME FOR ABUSED AND NEGLECTED CHILDREN BETWEEN AGES 2 TO 12 IT IS UNIQUE IN THAT IT ACCEPTS SIBLING GROUPS THE HOME, RUN BY THE DAUGHTERS OF MARY, MOTHER OF HEALING LOVE, PROVIDES INTENSIVE THERAPEUTIC INTERVENTION SERVICES IN A LOVING, SUPPORTIVE AND STRUCTURED ENVIRONMENT THAT PERPETUATES HEALING, STABILITY AND LEADS CHILDREN BACK TO WHOLESOME

(Code) (Expenses \$ 759,883 including grants of \$) (Revenue \$ 163,540)

CLINICAL AND MENTAL HEALTH COUNSELING SERVICES PROVIDES FREE OR REDUCED FEE COUNSELING BY LICENSED PROFESSIONALS TO FAMILIES AND INDIVIDUALS WHO ARE GOING THROUGH DIFFICULT TIMES (UNEMPLOYMENT STRESS, MARITAL PROBLEMS, GRIEF COUNSELING, ETC)

(Code) (Expenses \$ 778,280 including grants of \$) (Revenue \$ 790)

PARISH AND COMMUNITY SERVICES IS A COMMUNITY OUTREACH PROGRAM WHOSE AIM IS TO ADDRESS EMERGING SOCIAL SERVICE NEEDS IN RESPECTIVE COMMUNITIES AROUND THE STATE OUR STAFF MEMBERS WORK NOT ONLY WITH INDIVIDUALS SEEKING ASSISTANCE BUT ALSO COLLABORATE WITH OTHER FAITH-BASED AND SOCIAL SERVICE ORGANIZATIONS TO ESTABLISH GRASS ROOT INITIATIVES TO ADDRESS AND COMBAT SOCIAL ILLS FACING THE POOR AND VULNERABLE

(Code) (Expenses \$ 1,377,555 including grants of \$) (Revenue \$ 527,293)

OTHER PROGRAMS IMMIGRATION SERVICES PROVIDE LEGAL ASSISTANCE TO THOSE REFUGEES AND IMMIGRANTS SEEKING TO BECOME AMERICAN CITIZENS THIS SERVICE HELPS REFUGEES AND IMMIGRANTS FROM THE POINT OF ADJUSTMENT (GREEN CARD STATUS) TO NATURALIZATION (CITIZENSHIP) THROUGH THESE SERVICES, WE ENABLE PEOPLE TO FULFILL THEIR DREAMS OF AMERICAN CITIZENSHIP OUR PLACE IS A UNIQUE PROGRAM FOCUSING ON TEEN AND YOUNG ADULT PARENTS BEGINNING WITH PRE-NATAL EDUCATION AND FOLLOWING THE FAMILY UP THROUGH THE FIRST THREE YEARS OF A CHILD'S LIFE, THIS PROGRAM PROVIDES HEALTH AND PARENTING EDUCATION, CASEWORK SERVICES AND MORE WORKING WITH THE PARENT(S) AND THE CHILD, OUR PLACE HELPS YOUNG ADULTS ESTABLISH A LIFE PLAN AND TEACHES A WIDE VARIETY OF SKILLS REQUIRED TO BE A SUCCESSFUL PARENT NEW HAMPSHIRE CATHOLIC CHARITIES ALSO OFFERS ADOPTION SERVICES AND FAMILY REUNIFICATION SERVICES NEW HAMPSHIRE CATHOLIC CHARITIES MAKES A DIFFERENCE BY OFFERING PEOPLE HOPE AND EMPOWERMENT THAT STRENGTHENS THE SOCIAL FABRIC OF NEW HAMPSHIRE

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,915,718 including grants of \$ 324,343) (Revenue \$ 691,623)

4e Total program service expenses \$ 58,326,897

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

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.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

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.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

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.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

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 U.S.? If "Yes," complete Schedule F, Part III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6	Yes	
7		No
8		No
9	Yes	
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	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	No	
25b	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 Schedule L, Part I	25b	No	
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	No	
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	No	
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)	28a	No	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
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	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	No	
35b	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	35b	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	101	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,137	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No	
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 Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No	
9 Sponsoring organizations maintaining donor advised funds.	9a	No	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No	
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the aggregate amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	20
b Enter the number of voting members included in line 1a, above, who are independent	1b	19
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	No
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	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	Yes
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JO ANNE HOLLEN
215 MYRTLE STREET
MANCHESTER, NH 03104
(603) 669-3030

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, and **current** key employees. 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.

• List all of the organization's **former** officers, key employees, or 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) MOST REV PETER A LIBASCI CHAIRMAN	0 00	X					0	0	0
(2) MOST REV FRANCIS J CHRISTIAN DD VICAR GENERAL	0 00	X					0	0	0
(3) THOMAS E BLONSKI PRESIDENT AND CEO	40 00	X		X			185,548	0	20,406
(4) REV MSGR JOHN P QUINN TREASURER	0 00	X					0	0	0
(5) RONALD J RIOUX VICE CHAIRMAN	0 00	X					0	0	0
(6) GARY M BOUCHARD SECRETARY	0 00	X					0	0	0
(7) JOHN ALBERT TRUSTEE	0 00	X					0	0	0
(8) RICHARD M BUNKER TRUSTEE	0 00	X					0	0	0
(9) JOHN F FOLEY TRUSTEE	0 00	X					0	0	0
(10) PATRICK FORD TRUSTEE	0 00	X					0	0	0
(11) NORMAND ST AMAND TRUSTEE	0 00	X					0	0	0
(12) JIM ROCHE TRUSTEE	0 00	X					0	0	0
(13) SUZANNE I VACHON TRUSTEE	0 00	X					0	0	0
(14) SCOTT COLBY TRUSTEE	0 00	X					0	0	0
(15) GERARDINE FERLINS TRUSTEE	0 00	X					0	0	0
(16) DONNA SYTEK TRUSTEE	0 00	X					0	0	0
(17) RICHARD COCCHIARO TRUSTEE	0 00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director or trustee	Individual trustee	Institutional Trustee	Official	Key employee			
(18) ROBERT SNYDER TRUSTEE	0 00	X					0	0	0
(19) NEIL LEVESQUE TRUSTEE	0 00	X					0	0	0
(20) JEREMY HITCHCOCK TRUSTEE	0 00	X					0	0	0
(21) CLAUDETTE MAHAR TRUSTEE	0 00	X					0	0	0
(22) MOST REV JOHN B MCCORMACK DD CHAIRMAN (RETIRED)	0 00	X					0	0	0
(23) DOMINIQUE RUST VICE PRESIDENT / COO	40 00			X			119,627	0	16,559
(24) MICHAEL LEHRMAN VP / HEALTHCARE SERVICES	40 00			X			157,624	0	5,512
(25) JOANNE HOLLEN CFO	40 00			X			113,348	0	10,402
(26) LISA MERRILL-BURZAK VP OF DEVELOPMENT	40 00			X			102,555	0	4,648
(27) MARYLOU THOMPSON OPERATIONS MANAGER HEALTHC	40 00				X		103,683	0	10,477
(28) MELANIE GOSELIN EXECUTIVE DIRECTOR, NH FOO	40 00				X		104,065	0	10,434
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							886,450	0	78,438

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►7**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GENESIS REHABILITATION PO BOX 7247-6524 PHILADELPHIA, PA 191706524	REHABILITATION SERVICES	3,541,151
HOWE RILEY & HOWE PLLC 660 CHESTNUT STREET MANCHESTER, NH 03104	CERTIFIED PUBLIC ACCOUNTANTS	298,050
SULLIVAN CONSTRUCTION INC 285 SOUTH RIVER ROAD BEDFORD, NH 03110	DESIGN & CONSTRUCTION SERVICES	285,636
JOERNS HEALTHCARE 2430 WHITEHALL PARK DRIVE SUITE 10 CHARLOTTE, NC 28273	HEALTHCARE SERVICES/PRODUCTS PROVIDER	153,844
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	196,762			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,346,635			
	g Noncash contributions included in lines 1a-1f \$		11,740,679			
	h Total. Add lines 1a-1f		21,543,397			
Program Service Revenue	2a ELDERLY CARE	Business Code				
		623000	41,231,261	41,231,261		
	b CHILDRENS HOME	623990	547,563	547,563		
	c FOOD BANK FEES	624200	524,631	524,631		
	d CLINICAL AND MENTAL HE	624100	163,540	163,540		
	e IMMIGRATION	900099	57,481	57,481		
	f All other program service revenue		470,602	470,602		
	g Total. Add lines 2a-2f		42,995,078			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
			545,285		545,285	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	1,075,686	3,245				
	b Less cost or other basis and sales expenses	866,768	21,620			
	c Gain or (loss)	208,918	-18,375			
	d Net gain or (loss)			190,543	190,543	
	8a Gross income from fundraising events (not including \$ 196,762 of contributions reported on line 1c)					
	See Part IV, line 18	a	120,155			
	b Less direct expenses	b	82,117			
c Net income or (loss) from fundraising events			38,038		38,038	
9a Gross income from gaming activities	a					
See Part IV, line 19	b					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		65,312,341	43,185,621	0	583,323	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 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 United States See Part IV, line 21	172,248	172,248		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	152,095	152,095		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	787,354	33,112	577,227	177,015
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	23,554,187	22,277,329	898,991	377,867
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	591,501	569,051	15,463	6,987
9 Other employee benefits	4,167,329	3,905,339	188,707	73,283
10 Payroll taxes	1,776,782	1,638,221	100,554	38,007
11 Fees for services (non-employees)				
a Management				
b Legal	124,798	81,362	42,621	815
c Accounting	313,112	223,356	89,756	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	252,155	167,888	38,793	45,474
12 Advertising and promotion	174,268	161,883	4,616	7,769
13 Office expenses	1,733,745	1,518,858	83,527	131,360
14 Information technology	193,315	157,531	25,725	10,059
15 Royalties				
16 Occupancy	1,947,136	1,947,136		
17 Travel	200,374	170,040	23,115	7,219
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	93,717	54,474	34,137	5,106
20 Interest	271,497	263,341	8,156	
21 Payments to affiliates	107,273		107,273	
22 Depreciation, depletion, and amortization	1,708,828	1,588,763	120,065	
23 Insurance	1,025,811	873,357	152,454	
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)				
a FOOD PURCHASES & DONATI	13,650,465	13,645,983	4,482	
b PURCHASED HEALTHCARE SE	4,031,663	4,031,663		
c NURSING FACILITY ASSESS	2,150,484	2,150,484		
d HEALTHCARE SUPPLIES	1,493,791	1,493,791		
e				
f All other expenses	784,003	1,049,592	-523,409	257,820
25 Total functional expenses. Add lines 1 through 24f	61,457,931	58,326,897	1,992,253	1,138,781
26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> 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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	14,440,520	2
	3 Pledges and grants receivable, net	631,964	3
	4 Accounts receivable, net	5,099,416	4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	273,587	8
	9 Prepaid expenses and deferred charges	308,860	9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	45,751,235	
	10b Less accumulated depreciation	10a 10b	19,457,523
			10c
	11 Investments—publicly traded securities	2,141,625	11
	12 Investments—other securities See Part IV, line 11	16,022,303	12
	13 Investments—program-related See Part IV, line 11		13
Liabilities	14 Intangible assets	258,870	14
	15 Other assets See Part IV, line 11	1,427,551	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	60,062,219	16
	17 Accounts payable and accrued expenses	4,325,550	17
	18 Grants payable		18
	19 Deferred revenue	120,866	19
	20 Tax-exempt bond liabilities	4,650,002	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	271,680	21
	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
Net Assets or Fund Balances	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	9,368,098	26
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	46,016,571	27
	28 Temporarily restricted net assets	2,980,636	28
	29 Permanently restricted net assets	1,696,914	29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	50,694,121	33
	34 Total liabilities and net assets/fund balances	60,062,219	34
			63,795,515

Part XI Reconciliation of Net AssetsCheck 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	65,312,341
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,457,931
3	Revenue less expenses Subtract line 2 from line 1	3	3,854,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,694,121
5	Other changes in net assets or fund balances (explain in Schedule O)	5	109,786
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	54,658,317

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or
990EZ)Department of the Treasury
Internal Revenue Service**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.

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

Part I 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 **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)**.

4 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

5 An 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)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 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)

9 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)**.

11 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

e **a** Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Other

f 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)

g 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

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support?
			Yes	No			
Total							

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,089,230	15,842,048	16,571,284	16,630,617	21,543,397	83,676,576
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	13,089,230	15,842,048	16,571,284	16,630,617	21,543,397	83,676,576
5 The portion of total contributions 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)						
6 Public Support. Subtract line 5 from line 4						83,676,576

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	13,089,230	15,842,048	16,571,284	16,630,617	21,543,397	83,676,576
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,216,715	1,055,601	806,240	807,260	545,285	4,431,101
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						88,107,677
12 Gross receipts from related activities, etc (See instructions)					12	209,053,171

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94 970 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 070 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 02-0222163
Name: NEW HAMPSHIRE CATHOLIC CHARITIES

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$	759,883	including grants of \$	58,293) (Revenue \$	163,540
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CLINICAL AND MENTAL HEALTH COUNSELING SERVICES PROVIDES FREE OR REDUCED FEE COUNSELING BY LICENSED PROFESSIONALS TO FAMILIES AND INDIVIDUALS WHO ARE GOING THROUGH DIFFICULT TIMES (UNEMPLOYMENT STRESS, MARITAL PROBLEMS, GRIEF COUNSELING, ETC)

(Code) (Expenses \$	778,280	including grants of \$) (Revenue \$	790
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PARISH AND COMMUNITY SERVICES IS A COMMUNITY OUTREACH PROGRAM WHOSE AIM IS TO ADDRESS EMERGING SOCIAL SERVICE NEEDS IN RESPECTIVE COMMUNITIES AROUND THE STATE OUR STAFF MEMBERS WORK NOT ONLY WITH INDIVIDUALS SEEKING ASSISTANCE BUT ALSO COLLABORATE WITH OTHER FAITH-BASED AND SOCIAL SERVICE ORGANIZATIONS TO ESTABLISH GRASS ROOT INITIATIVES TO ADDRESS AND COMBAT SOCIAL ILLS FACING THE POOR AND VULNERABLE

(Code) (Expenses \$	1,377,555	including grants of \$	266,050) (Revenue \$	527,293
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OTHER PROGRAMS IMMIGRATION SERVICES PROVIDE LEGAL ASSISTANCE TO THOSE REFUGEES AND IMMIGRANTS SEEKING TO BECOME AMERICAN CITIZENS THIS SERVICE HELPS REFUGEES AND IMMIGRANTS FROM THE POINT OF ADJUSTMENT (GREEN CARD STATUS) TO NATURALIZATION (CITIZENSHIP) THROUGH THESE SERVICES, WE ENABLE PEOPLE TO FULFILL THEIR DREAMS OF AMERICAN CITIZENSHIP OUR PLACE IS A UNIQUE PROGRAM FOCUSING ON TEEN AND YOUNG ADULT PARENTS BEGINNING WITH PRE-NATAL EDUCATION AND FOLLOWING THE FAMILY UP THROUGH THE FIRST THREE YEARS OF A CHILD'S LIFE, THIS PROGRAM PROVIDES HEALTH AND PARENTING EDUCATION, CASEWORK SERVICES AND MORE WORKING WITH THE PARENT(S) AND THE CHILD, OUR PLACE HELPS YOUNG ADULTS ESTABLISH A LIFE PLAN AND TEACHES A WIDE VARIETY OF SKILLS REQUIRED TO BE A SUCCESSFUL PARENT NEW HAMPSHIRE CATHOLIC CHARITIES ALSO OFFERS ADOPTION SERVICES AND FAMILY REUNIFICATION SERVICES NEW HAMPSHIRE CATHOLIC CHARITIES MAKES A DIFFERENCE BY OFFERING PEOPLE HOPE AND EMPOWERMENT THAT STRENGTHENS THE SOCIAL FABRIC OF NEW HAMPSHIRE

2011

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		1
2 Aggregate contributions to (during year)		0
3 Aggregate grants from (during year)		0
4 Aggregate value at end of year		112,229

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 advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,813,644	1,720,417	1,301,152	1,758,469	
b Contributions					
c Investment earnings or losses	72,955	209,692	492,087	-409,285	
d Grants or scholarships					
e Other expenditures for facilities and programs	123,098	116,465	72,822	48,032	
f Administrative expenses					
g End of year balance	1,763,501	1,813,644	1,720,417	1,301,152	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►
 b Permanent endowment ► 96 000 %
 c Term endowment ► 4 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		No
3a(ii) related organizations		No
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		359,928			359,928
b Buildings		34,062,586	18,837,149		15,225,437
c Leasehold improvements		1,206,565	1,034,192		172,373
d Equipment		8,945,085	6,287,906		2,657,179
e Other		1,177,071	500,490		676,581
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					19,091,498

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 92,447 158 SILCHESTER INTL INV TOB FREE VAL EQ	4,275,605	F
(B) 488,378 700 SSGA RUSSELL 3000 INDEX - CM2G	7,210,423	F
(C) 532,465 317 PIMCO FDS TOTAL RETURN FD III- INSTL	5,209,297	F

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,312,341
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,457,931
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,854,410
4	Net unrealized gains (losses) on investments	4	109,786
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 - 8	9	109,786
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,964,196

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	65,591,572
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	109,786
b	Donated services and use of facilities	2b	68,953
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	178,739
3	Subtract line 2e from line 1	3	65,412,833
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-100,492
c	Add lines 4a and 4b	4c	-100,492
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	65,312,341

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	61,627,376
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	68,953
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	100,492
e	Add lines 2a through 2d	2e	169,445
3	Subtract line 2e from line 1	3	61,457,931
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	61,457,931

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	ALL AMOUNTS INCLUDED ON FORM 990, PART X
	PART IV, LINE 2B	THE ORGANIZATION HOLDS PATIENT DEPOSITS, PASS-THROUGH FUNDS HELD FOR OTHERS RESTRICTED TO FOOD PURCHASES, SECURITY DEPOSITS FOR OTHER ORGANIZATIONS, AND OTHER AMOUNTS HELD FOR OTHERS. THE DEPOSITS ARE NOT THE PROPERTY OF NEW HAMPSHIRE CATHOLIC CHARITIES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	FUNDS ARE INTENDED TO BE USED IN A MANNER CONSISTENT WITH THE ORGANIZATION'S MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION RECOGNIZES THE TAX BENEFIT OF AN UNCERTAIN TAX POSITION ONLY IF MANAGEMENT DETERMINES THAT IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERIT OF THE POSITION. MANAGEMENT HAS DETERMINED THAT AS OF MARCH 31, 2012 AND 2011, THE ORGANIZATION DID NOT HAVE ANY UNCERTAIN TAX POSITIONS. MANAGEMENT BELIEVES THE ORGANIZATION'S FILINGS FOR THE TAX YEARS ENDING BEFORE MARCH 31, 2009 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON FIXED ASSETS -18,375 FUNDRAISING DIRECT EXPENSES -82,117
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON FIXED ASSETS 18,375 FUNDRAISING DIRECT EXPENSES 82,117

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>MARDI GRAS</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	4 (total number)	
1	Gross receipts . . .	173,019	70,439	73,459	316,917
2	Less Charitable contributions . . .	110,010	52,275	34,477	196,762
3	Gross income (line 1 minus line 2) . . .	63,009	18,164	38,982	120,155
4	Cash prizes . . .			1,000	1,000
5	Non-cash prizes . . .		8,550	7,686	16,236
6	Rent/facility costs . . .	1,500	11,900		13,400
7	Food and beverages . . .	17,259	5,722	1,292	24,273
8	Entertainment . . .	1,875			1,875
9	Other direct expenses . .	9,771	1,026	14,536	25,333
10	Direct expense summary Add lines 4 through 9 in column (d)				(82,117)
11	Net income summary Combine lines 3 and 10 in column (d)				38,038

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses . .				
6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22

► Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT JOSEPH RESIDENCE INC 495 MAMMOTH ROAD MANCHESTER, NH 03104	02-0493087	501(C)3	47,184				GENERAL SUPPORT
(2) WARDE HEALTH CENTER INC 21 SEARLES ROAD WINDHAM, NH 03087	02-0481994	501(C)3	125,064				GENERAL SUPPORT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 INDIVIDUALS REQUESTING ASSISTANCE MUST FILL OUT AN ASSISTANCE APPLICATION AT THE DISTRICT OFFICE THE APPLICATION INCLUDES INFORMATION REGARDING THE INDIVIDUAL'S INCOME, LIVING EXPENSES, AND ASSISTANCE APPLIED FOR AND/OR RECEIVED, IF ANY, FROM OTHER ORGANIZATIONS THE ORGANIZATION WILL VERIFY THE INCOME AND THE ASSISTANCE RECEIVED AND/OR APPLIED FOR WITH OTHER ORGANIZATIONS ONCE THIS INFORMATION HAS BEEN VERIFIED, HOW MUCH ASSISTANCE THE INDIVIDUAL SHOULD RECEIVE IS DETERMINED IF A LARGE AMOUNT OF ASSISTANCE IS GOING TO BE GIVEN TO AN INDIVIDUAL, IT MUST BE APPROVED BY MANAGEMENT DISTRIBUTIONS GREATER THAN \$250 REQUIRE TWO SENIOR MANAGER APPROVALS

Software ID:
Software Version:
EIN: 02-0222163
Name: NEW HAMPSHIRE CATHOLIC CHARITIES

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FUEL ASSISTANCE	340	99,487			
FOOD ASSISTANCE	285	18,032			
BURIAL ASSISTANCE	1	1,000			
MEDICAL ASSISTANCE	49	1,371			
HOMELESS ASSISTANCE	5	787			
HURRICANE ASSISTANCE	1	250			
RENT ASSISTANCE	35	5,397			
FIRE ASSISTANCE	3	750			
TRANSPORTATION ASSISTANCE	147	3,773			
CHRISTMAS ASSISTANCE	395	14,947			
EDUCATION ASSISTANCE	78	1,410			
PERSONAL ITEMS	44	1,760			
EMERGENCY HOME REPAIRS	1	240			
IMMIGRATION FEES	2	700			
UTILITIES	12	2,191			

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

4a No

a Receive a severance payment or change-of-control payment?

4b No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c No

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a No

a The organization?

5b No

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6a No

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

6b No

a The organization?

7 No

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

8 No

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

9 No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THOMAS BLONSKI, PRESIDENT AND CEO, RECEIVES A MONTHLY AUTO ALLOWANCE OF \$350 PER MONTH, WHICH IS INTENDED TO COVER ALL AUTOMOBILE EXPENSES, INCLUDING MILEAGE. THE AUTO ALLOWANCE IS INCLUDED IN HIS TAXABLE WAGES

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

NonCash Contributions

OMB No 1545-0047

2011

Open to Public
InspectionName of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		12,945	APPROX FAIR MARKET VALUE
6 Cars and other vehicles	X	2	123,550	APPROX FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6,953,767	11,543,254	BASED ON DOLLAR/POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
GIFT				
25 Other ► (CERTIFICATES)	X		6,154	APPROX FAIR MARKET VALUE
26 Other ► (FURNITURE) AUCTION	X		14,240	APPROX FAIR MARKET VALUE
27 Other ► (ITEMS)	X	405	35,861	APPROX FAIR MARKET VALUE
28 Other ► (WHEELCHAIRS)	X	2	4,675	APPROX FAIR MARKET VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29	0	

Yes No

30a Yes No

31 Yes

32a Yes

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used
for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS FOR FOOD INVENTORY FOOD INVENTORY CONTRIBUTIONS ARE BASED ON DOLLARS/POUND, WHICH IS BASED ON THE APPROXIMATE AVERAGE WHOLESALE VALUE PER POUND AS CALCULATED BY FEEDING AMERICA THE ORGANIZATION RECORDS THE QUANTITY OF CONTRIBUTIONS BASED ON POUNDS AND DETERMINES THE NUMBER OF CONTRIBUTIONS AS FOLLOWS TOTAL FOOD DONATIONS 11,543,254 PRICE PER POUND 1 66 NUMBER OF CONTRIBUTIONS 6,953,767
THIRD PARTY USE	PART I, LINE 32B	IN FISCAL YEAR 2012, THE ORGANIZATION CONTRACTED WITH "CARS" TO PROCESS AUTOMOBILE DONATIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES**Employer identification number**

02-0222163

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED INCLUDE THE ADDITION OF A DEPUTY VICE CHAIR, CLARIFICATION OF THE OFFICERS' ROLES, CLARIFICATION OF THE ALLOWABLE TERMS AND CLARIFICATION OF THE BOARD COMMITTEES, E G , WHETHER THEY ARE STANDING OR AD HOC
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF MANCHESTER, A CORPORATION SOLE
	FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF MANCHESTER, A CORPORATION SOLE THE SOLE MEMBER HAS THE RIGHT TO RATIFY AND APPROVE THE DECISIONS OF THE GOVERNING BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF MANCHESTER, A CORPORATION SOLE THE SOLE MEMBER APPROVES 1 ANY REPEAL, ALTERATION OR AMENDMENT OF THE ARTICLES OF AGREEMENT OR BY-LAWS OF THE CORPORATION, 2 ANY CHANGE IN THE PHILOSOPHY, OBJECTIVES OR PURPOSES OF THE CORPORATION OR ITS ETHICAL AND RELIGIOUS STANDARDS, 3 ANY CONVEYANCE, PURCHASE, SALE OR LEASE OF, OR GRANT OF MORTGAGES, TRUST DEEDS OR CREATION OF OTHER LIENS OR ENCUMBRANCES ON ASSETS OF THE CORPORATION OR THE INCURRING OF ANY INDEBTEDNESS, 4 THE ELECTION OF EACH TRUSTEE OR OFFICER OF THE CORPORATION, 5 THE REMOVAL OF ANY TRUSTEE OR OFFICER OF THE CORPORATION, 6 ANY MERGER WITH OR CONSOLIDATION OF THE CORPORATION OR ANY OF ITS DIVISIONS INTO ANOTHER ENTITY, OR THE ACQUISITION BY THE CORPORATION OF SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER ENTITY OR THE SALE OR LEASE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION TO ANY PERSON OR ENTITY, 7 ANY CREATION OF AN AFFILIATE OR SUBSIDIARY ORGANIZATION, OR ANY AFFILIATION OF THE CORPORATION WITH ANY OTHER ENTITY FOR THE PURPOSE OF THE JOINT CONDUCT OF BUSINESS OR OTHER PROGRAMS, AND 8 THE DISSOLUTION OR LIQUIDATION OF THE CORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	PREPARER PROVIDES DRAFT OF FORM 990 TO MANAGEMENT FOR REVIEW ONCE FORM 990 HAS BEEN APPROVED BY MANAGEMENT, A DRAFT OF THE FORM 990 IS EMAILED TO THE GOVERNING BODY FOR THEIR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY THE FORMS ARE CLOSELY MONITORED TO ENSURE ALL FORMS ARE RETURNED THE FORMS ARE THEN REVIEWED BY THE CHIEF OPERATIONS OFFICER
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION HAS HISTORICALLY BEEN APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IN FY2011, A COMPENSATION COMMITTEE HIRED AN INDEPENDENT COMPANY TO COMPILE A SALARY STUDY FOR KEY MANAGEMENT POSITIONS THE SALARY STUDY WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR USE AS A GUIDE IN DETERMINING APPROPRIATE SALARY RANGES
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 109,786

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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 V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 179Name(s) shown on return
NEW HAMPSHIRE CATHOLIC CHARITIESBusiness or activity to which this form relates
FORM 990 PAGE 10Identifying number
02-0222163**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction Enter the smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10			
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11			
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12			
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 11 ►	13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,680,654

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,680,654
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6				
31 Total commuting miles driven during the year										
32 Total other personal (noncommuting) miles driven										
33 Total miles driven during the year Add lines 30 through 32										
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?										
36 Is another vehicle available for personal use?										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 A amortization of costs that begins during your 2011 tax year (see instructions)

43 A amortization of costs that began before your 2011 tax year **43** **28,173**

44 Total. Add amounts in column (f) See the instructions for where to report **44** **28,173**