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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a conv of this return to satisfy state reporting re

20	1	1

Department of the Treasury

		ndar year 2011 or tax year beginning		1 a 2011		MAR 31, 2012	<u>, </u>
		foundation	٨١, ١١	-4 -0++	,	A Employer identification	number
ival	iie VI	i ivanivativn				r. Employor recommende	
S	al.	em Community Bene	fits.	Inc.		02-0499456	
		and street (or P O box number if mail is not de			Room/suite	B Telephone number	-
		outh Broadway				(603) 898-	2153
		own, state, and ZIP code	··			C If exemption application is pe	<u> </u>
		em, NH 03079				i exemption application is pe	name, orlean nore
		call that apply Initial return	1	Initial return of a fo	rmer public charity	D 1. Foreign organizations,	check here
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return		Amended return	miles public chang	, see a see	
		Address ch		Name change		Foreign organizations mee 2. check here and attach cor	eting the 85% test,
H C	heck		<u> </u>	kempt private foundation		E If private foundation stati	
Г	_	ection 4947(a)(1) nonexempt charitable		Other taxable private founda	ition	under section 507(b)(1)(
l Fa		arket value of all assets at end of year			X Accrual	F If the foundation is in a 6	•
		Part II, col. (c), line 16)	1 —	ther (specify)		under section 507(b)(1)(
	\$			mn (d) must be on cash b	pasis)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
Pa	irt l	Analysis of Revenue and Expenses	1	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), an necessarily equal the amounts in column (a	d (d) may not i))	expenses per books	income	income	for chantable purposes (cash basis only)
	1			100,000.		N/A	70 T
	2	Check If the foundation is not required to					
	3	Interest on savings and temporary cash investments		277.	277.		
	4	Dividends and interest from securities	3				
f'	5a	Gross rents					
i,	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on	line 10				
Revenue	b	Gross sales price for all assets on line 6a					
, eve	7	Capital gain net income (from Part IV, line 2)			0.		
Rev	8 Net short-term capital gain						
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	1 .	Less Cost of goods sold			,		
	C	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through 11		100,277.	277.		
	13	Compensation of officers, directors, trustees	s, etc	0.	0	ECEIVED	0
	14	Other employee salaries and wages			1 ~	TOTIVE O	
LO.	15	Pension plans, employee benefits			23	[Ø]	
Operating and Administrative Expenses		Legal fees			M Al	G 1 4 2012 19	
per		Accounting fees			17	RS RS	
Ä	5	Other professional fees			0	GDEN, UT	
Ę.	17	Interest			-	332.11, 01	
tra	18	Taxes St	mt 1	4.	0.		0
inis:	19	Depreciation and depletion					<u></u>
퉏	20	Occupancy					
ΨÞ	21	Travel, conferences, and meetings					
ā	22	Printing and publications	1 2	3.5			7-
ing	23	•••••	mt 2	75.	0.		75
rat	24	Total operating and administrative			_		2.5
Ope		expenses. Add lines 13 through 23		79.	0.		75 79 , 090
_	25	Contributions, gifts, grants paid		79,090.			19,090
	26	Total expenses and disbursements.		70 100	_		70 165
	<u> </u>	Add lines 24 and 25		79,169.	0.		79,165
	27			21 100			
	l	Excess of revenue over expenses and disbu		21,108.	277		
	l	Net investment income (if negative, ent			277.	N/A	***************************************
1235	C	Adjusted net income (if negative, enter		<u> </u>	<u> </u>	IN/A	5 000 DE (55
1235 12-0	ž-11	LHA For Paperwork Reduction Ac	t Notice, see	instructions.			Form 990-PF (201

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains a	and Lo	sses for Tax on In	vestment	Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			ĮΡ	How ac - Purcl - Dona			acquired ay, yr)	(d) Date sold (mo , day, yr)			
1a											
b NOI	NE										
<u>C</u>								<u>-</u> .			
e			•								
(e) Gross sales price	(f) I	Depreciation allowed (or allowable)		t or other basis xpense of sale	'		1		ain or (loss s (f) minus		
a_											
b											
C									·		
d											
Complete only for accets showing	0.0010.10	solume (h) and owned by	the foundation	on 12/21/60				Causa / C	al (h) asia		
Complete only for assets showin		` ,		cess of col (I)				(k), but i	Col (h) gain not less tha	n -0-) or	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		col (j), if any					(from col (
<u>a</u>		•					·				
b c	 										
d											
e											
2 Capital gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0-			}	2					
3 Net short-term capital gain or (los	s) as defi										
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			id (0)		}	3					
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome			
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation does not qual 1. Enter the appropriate amount in e	nis part bl non 4942 nfy under	ank tax on the distributable am section 4940(e) Do not co	nount of any ye	ear in the base per rt	nod?					Yes X No	
(a) Base period years Calendar year (or tax year beginnir		(b) Adjusted qualifying dis		Net value of no	(c)		use assets			(d) oution ratio yided by col (c))	
2010	ig iii)		2,150.			14	1,341	•			
2009			6,075.				5,238			.041828	
2008		4	1,996.				2,633			.578194	
2007			2,098.				3,715		.022387		
2006		3	1,903.			10	7,039	•		.298050	
2 Total of line 1, column (d)								2		1.026421	
3 Average distribution ratio for the 5 the foundation has been in exister			on line 2 by 5,	or by the number	of ye	ars		3		.205284	
4 Enter the net value of noncharitab	le-use as:	sets for 2011 from Part X,	line 5					4		181,908.	
5 Multiply line 4 by line 3				5		37,343.					
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		3.	
7 Add lines 5 and 6								7		37,346.	
8 Enter qualifying distributions from			1b, and comp	elete that part usin	g a 1	% tax :	rate	8		79,165.	
See the Part VI instructions	•							•••		orm 990-PF (2011)	

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%			<u>3.</u>
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			3.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			3.
6	Credits/Payments , , ,			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			_
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			3.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities	·		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			.,,
	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers ►\$O.			v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			v
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes." has it filed a tax return on Form 990-T for this year?	4a		
	· · · · · · · · · · · · · · · · · · ·	4b 5		X
ס	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	, J		
c	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
O				
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
′	If "Yes," complete Part II, col. (c), and Part XV	-		
Q٥	Enter the states to which the foundation reports or with which it is registered (see instructions)			
oa	NH			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
IJ	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	,		
3	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	g	•	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		Х
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orm 990-PF (2011) Salem Community Benefits	, Inc.		<u>02-04994</u>	56	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	_	
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,			
any voter registration drive?		YE	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	,	T	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on				
a personal benefit contract?		Y6	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		nagers, Highly	/ 		
List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred		xpense nt, other
(a) Name and address	to position	enter -0-)	compensation		wances
					_
See Statement 3		0.	0.		0.
		}			
		1			
		ļ		ļ	
		-			
2 Compensation of five highest-paid employees (other than those inc	ludad on line 1). If name	enter "NONE "	<u> </u>		
Compensation of tive ingrest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou	nt, other wances
NONE	·				
				<u> </u>	
	" -				
				<u> </u>	
		<u> </u>		ļ	
Cotal number of other employees paid over \$50,000					0

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use), directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	0. 184,678.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	184,678.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	184,678.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,770.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	181,908.
6	Minimum Investment return. Enter 5% of line 5	6	9,095.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	9,095.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,092.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,092.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,092.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		50 165
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	79,165. 0.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	79,165.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	3.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,162.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	. (a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				···
line 7				9,092.
2 Undistributed income, if any, as of the end of 2011			'	
a Enter amount for 2010 only			0.	
b Total for prior years				III VI
		0.		
3 Excess distributions carryover, if any, to 2011				· · · · · · · · · · · · · · · · · · ·
a From 2006 26,573.				
b From 2007			,	
c From 2008 38,372.				
d From 2009				
e From 2010 5,087.				
f Total of lines 3a through e	70,032.			
4 Qualifying distributions for 2011 from	,			***************************************
Part XII, line 4 ►\$ 79,165.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior	1 1	· · · · · · · · · · · · · · · · · · ·		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount			··· · · · · · · · · · · · · · · · · ·	9,092.
e Remaining amount distributed out of corpus	70,073.			5,052.
·	0.	HINTEL CO. 1111-1111-1111-1111-1111-1111-1111-11	····	0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	140,105.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				***************************************
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of			''	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				***************************************
not applied on line 5 or line 7	26,573.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	113,532.			
O Analysis of line 9	===,,====			
a Excess from 2007				
b Excess from 2008 38, 372.				
c Excess from 2009				
d Excess from 2010 5,087.				
e Excess from 2011 70,073.				
0 E 20033 HUIII 20 [] 7 0 7 3 1				5 000 DE (0044)

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			1-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			. •		
b Check box to indicate whether the found		ng foundation described		4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1-) 0040	Prior 3 years	(4) 0000	(a) Total
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			_		<u>_</u>
c Qualifying distributions from Part XII,					
line 4 for each year listed	1				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			"""		
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			-		
alternative test relied upon					
a "Assets" alternative test - enter			1		
(1) Value of all assets	· · · · · · · · · · · · · · · · · · ·		 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	- :				
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					<u></u>
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					<u> </u>
(3) Largest amount of support from					
an exempt organization					<u></u>
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	the year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total cor	tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r			•		·
None					
b List any managers of the foundation wh	o own 10% or more of t	he stock of a corporation	(or an equally large porti	on of the ownership of a p	partnership or
other entity) of which the foundation ha			(or an equally large poin		
None					
	ion Grant Gift Loar	Sobolarchin etc. E	rograms:		
2 Information Regarding Contribut Check here If the foundation of				not accept unsolicited requ	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone num	ber of the person to who	m applications should h	e addressed		
Ann R. Lally, (603)		uppnoutions snould b			
3 South Broadway, Sa		79			
b The form in which applications should t			should include		
Letter of request an				ll he need	
	a evhianari	LOII do LO III	JW TUIIUS WT.	TT DG UBCU	
c Any submission deadlines None					
	e cuch se by geography	nal argae inharitable fields	kinde of inctitutions or	other factors	
d Any restrictions or limitations on award Limited to organizat					
Dimited to Organizat	TOID THE CHE	= greater S	arem, Nu al	-u	
123601 12-02-11	<u> </u>				Form 990-PF (2011)
120001 12-02-11					

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient . Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
Region 10 Community Support Services,	N/A	Public charity	Annual kids carnival	
Inc.				
8 Commerce Dr.				
Atkinson, NH 03811				1,000
Basilian Salvatorian Order Inc	N/A	Public charity	Replace rooftop	
30 East St.			heating units	
Methuen, MA 01844				35,000
Boys & Girls Club of Greater Derry	N/A	Public charity	Replacement of two	
40 Hampstead Rd.			furnaces	
East Derry, NH 03041				23,500
Lazarus House Inc	N/A	Public charity	Replacement of windows	
412 Hampshire St.	[,,		at emergency shelter	
Lawerance, MA 01842		<u> </u>		7,500
Salem Boys & Girls Club	N/A	Public charity	Fund search for new	
3 Geremonty Dr.	[,,		СРО	
Salem, NH 03079				5,000
Total See CO	ntinuation she	et(s)	▶ 3a	79,090
b Approved for future payment				
None				
Total	<u> </u>		▶ 3b	0

Part XVI-A Analysis of Income-Producing Activities

	Unrelated	business income	Evoluder	d by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue	code		code	7.1.100111	
ab	_		 		
			 -		
- · · · · · · · · · · · · · · · · · · ·					
	3		 		-
e	_				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash			 		·
investments			14	277.	
4 Dividends and interest from securities				2.,,	
5 Net rental income or (loss) from real estate	7, 7		 		
a Debt-financed property			1		
b Not debt-financed property		 	 		
6 Net rental income or (loss) from personal			 -		
property				1	
7 Other investment income			 		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					,
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
	_		 		···
			 		
	j i				
de	-	,			
2 Subtotal Add columns (b), (d), and (e)		0.		277.	0 .
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u>.l£_</u>	13	277
(See worksheet in line 13 instructions to verify calculations	١				
Part XVI-B Relationship of Activities		nplishment of Ex	cempt	Purposes	
Line No. Explain below how each activity for which in					lishment of
the foundation's exempt purposes (other th	an by providing fund	s for such purposes)			
				.	
			,		
		-			
					,
		<u> </u>			
22021					

	Exempt Organi	izations		·			
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							No
		(3) organizations) or in section 52					
	•	ation to a noncharitable exempt org					
(1) Cash			•		1a(1)		X
(2) Other	assets			• •	1a(2)		X
b Other tran							
	of assets to a noncharitat	hle exempt organization			1b(1)		Х
		ncharitable exempt organization		•	1b(2)		X
` '	al of facilities, equipment, (, -	•		1b(3)		X
` '	bursement arrangements	or other assets			1b(4)		X
	s or loan guarantees				1b(5)		X
					1b(6)		X
		mbership or fundraising solicitatio		•	100/	-	X
-		iling lists, other assets, or paid em		eve chow the four market value of the goods of		atc	
	-	· · · · · · · · · · · · · · · · · · ·		ays show the fair market value of the goods, on any transaction or sharing arrangement, s		GIS,	
		other assets, or services received	eu 1622 (IIaii Iaii IIIaiket value	ill any transaction of sharing arrangement, s	110W 111		
	(b) Amount involved	(c) Name of noncharitable	a evernt organization	(d) Description of transfers, transactions, and		mnaeme	unte
(a) tine no	(B) Amount involved	N/A	exempt organization	(u) Description of transfers, transactions, and s	maning an	angeme	
		N/A		<u> </u>			
							
	<u></u>						
2a Is the four	ndation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described			_
ın section	501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?	. [Yes	[X] No
b If "Yes," co	omplete the following sch	edule			_		
	(a) Name of org	anization	(b) Type of organization	(c) Description of relations	пр		
	N/A						
	/						
Under	penalties of penjury, I declare			tatements, and to the best of my knowledge	y the IRS o	decuee	thic
Sign and be	elief, if is true, correct, and con	npiete Declaration of preparer (other tha	n taxpayer) is based on all informa	retu	im with the	e prepar	er
Here		Salland	- 18/7//2	Sereland 5	wn below Yes] No
	nature of officer or trustee	Herting	Date	Title			
	Print/Type preparer's na	/	Innature	Date Check If PTIN			
	I min type preparer s na	1 1		colf- amployed			
Paid	E. Drew Ch	\mathcal{Z}	New Chenas	7.// /	0182	972	
		eney er Newman & Noy		Firm's EIN ► 01-0			
Preparer	Firm's name Dak	er newman & NOA	C3	Firm's FIN POI-O	1743	20	
Use Only	F	507					
	Firm's address ► Bo		2	1207	٠ ٥٦	0 2	100
	Po	<u>rtland, ME 0411</u>	.2	Phone no (207			100
				Fo	rm 990)-PF ((2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

Sa	lem Community Benefits, Inc.	02-0499456					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in milete Parts I and II.						
Special Rules							
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regol(1)(A)(vi) and received from any one contributor, during the year, a contribution of the solution o						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to see exclusively for religious, charitable, etc., purposes, but these contributions did not to sed, enter here the total contributions that were received during the year for an exclusive amplete any of the parts unless the General Rule applies to this organization because reference, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000. ely religious, charitable, etc.,					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

Salem Community Benefits, Inc,

02-0499456

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if ad	ditional space is needed.
--------	--------------	---------------------	------------------	----------------------	---------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Salem Cooperative Bank 3 South Broadway Salem, NH 03079	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Salem Community Benefits, Inc.

02-0499456

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 \$				
(a) No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(see instructions)	Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

Name of org	ganization		Employer identification number					
Salem	Community Benefits, In	C .	02-0499456 (7), (8), or (10) organizations that total more than \$1,000 for the					
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	he following line entry. For organization c , contributions of \$1,000 or less for ti	7), (6), or (10) organizations that total more than \$1,000 for the s completing Part III, enter the year (Enter this information once)					
(a) No. from	Use duplicate copies of Part III if addition (b) Purpose of gift	al space is needed. (c) Use of gift	(d) Description of how gift is held					
Part I	(4)	(4, 655). g	(c, zeet, planer, emergine eme					
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
		(e) Transfer of gift						
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient St. Joseph's Melkite Church N/A Public charity Purchase color copier, 241 Hampshire St. Sharp MX-2610N Lawerance, MA 01840 7,090. Total from continuation sheets 7,090.

Form 990-PF	Tax	es —————	Statement 1		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Federal excise	4.	0.		0.	
To Form 990-PF, Pg 1, ln 18	4.	0.		0.	
Form 990-PF	Other E	xpenses	St	tatement 2	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Other	75.	0.		75.	

Form 990-PF			of Officers, D Foundation Mana		Statement 3			
Name and Address			Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib			
Nadema Gemmell		Inc.	Chairman					
c/o Salem Communi 3 South Broadway Salem, NH 03079	ty Benefits, 1		0.00	0.	0.	0.		
John Korbey			Director					
<pre>c/o Salem Community Benefits, 3 South Broadway Salem, NH 03079</pre>	ty Benefits, I	Inc.	0.00	0.	0.	0.		
David Beshara			Director					
<pre>c/o Salem Community Benefits 3 South Broadway Salem, NH 03079</pre>	ty Benefits, 1	Inc.	0.00	0.	0.	0.		
James Rausch			Director					
c/o Salem Communi 3 South Broadway Salem, NH 03079	ty Benefits, I	Inc.	0.00	0.	0.	0.		
Ann R. Lally			Secretary					
c/o Salem Communi 3 South Broadway Salem, NH 03079	ty Benefits, I	Inc.	0.00	0.	0.	0.		
Totals included o	n 990-PF, Page	e 6,	Part VIII	0.	0.	0.		