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Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to
The organization may have to use a copy of this return to satisfy state reporting requirements

These

2011

Open to Public Inspection

A Fo	r the 2	2011 ca	lendar year, o	r tax year begii	nning 07-01-2011	1 and ending 06	5-30-2012	2			
		pplicable	C Name of orga	anızatıon	_				D Emplo	oyer i	dentification number
	Iress ch		NEW HAMPSH	IIRE COMMUNITY L	LOAN FUND				22-2	5240	15
_	ne chai	_	Doing Busines	ss As					E Telepi	none	number
	ıal retui	_							(603) 224	-6669
_	mınated		7 WALL STRE		if mail is not deliver	red to street address)	Room/su	ite	G Gross	receipt	ts \$ 9,423,429
					1 770			_			
	ended i		City or town, CONCORD, N	state or country, a H 03301	and ZIP + 4						
App	lication	pending									
					prıncıpal officer				this a group	retu	
			JULIANA 7 WALL S					aff	ılıates?		ΓYes Γ No
			CONCOR	D,NH 03301				H(b) Are	all affiliates	inclu	uded?
								If'	'No," attacl	n a lis	st (see instructions)
I Ta	x-exem	pt status	▼ 501(c)(3)	501(c) ()	(insert no)	4947(a)(1) or 5	527	H(c) G	oup exemp	tıon r	number ►
J W	ebsite	e: ► WW	WCOMMUNI	TYLOANFUND	ORG						
K Forr	n of ord	ganization	✓ Corporation	Trust Associ	ıatıon			L Year of	formation 1	983	M State of legal domicile NH
	rt I		mary		,			<u>I</u>			
				ganization's mis	ssion or most sic	gnificant activities					
Governance	I E I I I	INDEPEI EXTEND INSTITU THE FIR NATION COMMU	NDENT WE D ING THE REA ITIONS TOG ST COMMUN AL LEADER F	OO THIS BY PRACH OF CONVIETHER TO SOLITY DEVELOPETOR ITS INNOTED THE	OVIDING LOAN ENTIONAL LEN LVE PROBLEMS MENT FINANCI VATION, SOCIA	DERS AND PUBL ESTABLISHED I AL INSTITUTIO AL IMPACT AND	D TECHI IC INST N 1983, NS IN TH	NICAL ASS ITUTIONS THE COM HE NATIOI CIAL STRE	SISTANCE, S, AND BRI MUNITY LO N, AND IS I NGTH AND	COM NGIN DAN RECO PER	1PLEMENTING AND NG PEOPLE AND FUND WAS ONE OF
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<u>les</u>	2 (Check th	ıs box ► ıf t	the organization	n discontinued its	s operations or di	sposed o	of more that	n 25% of its	net	assets
Activities &			•			t VI, line 1a) .		_		з	13
ទុ			of independen		4	12					
			number of individuals employed in calendar year 2011 (Part V, line 2a)								55
					if necessary) .		,			5 6	36
				•	7.7	ımn (C), lıne 12				7a	0
	l				ne from Form 990					7b	0
										, <i>,</i> ,	1
							<u>-</u>	Р	rior Year	1 /5	Current Year
	8	Contril	outions and gi	rants (Part VIII	I, line 1h)			Р			Current Year
- <u>-</u>	8 9		=	•				P	rior Year 7,474, 4,567,	106	
- - - - -		Progra	m service rev	enue (Part VII	I, line 2g)			P	7,474, 4,567,	106	Current Year 4,203,462
Revenue	9	Progra Invest Other Total r	m service rev ment income revenue (Part evenue—add	enue (Part VIII (Part VIII, colu VIII, column (lines 8 through	I, line 2g) umn (A), lines 3, A), lines 5, 6d, 8				7,474, 4,567, -54,	.106 .066 ,776 557	Current Year 4,203,462 4,813,074 134,314
Revenue	9 10 11 12	Progra Invest Other Totalr 12) .	m service rev ment income revenue (Part evenue—add	enue (Part VIII (Part VIII, colu VIII, column (lines 8 through	I, line 2g) umn (A), lines 3, A), lines 5, 6d, 8 11 (must equal		 1e) n (A), line		7,474, 4,567, -54, 11,986,	.106 .066 .776 .557	Current Year 4,203,462 4,813,074 134,314 0 9,150,850
Revenue	9 10 11 12	Progra Invest Other Total r 12). Grants	m service rev ment income revenue (Part evenue—add and similar a	Penue (Part VIII) (Part VIII, column (VIII, column (lines 8 through	I, line 2g) umn (A), lines 3, A), lines 5, 6d, 8 11 (must equal	4, and 7d) . 3c, 9c, 10c, and 1 Part VIII, columr	 1e) n (A), line		7,474, 4,567, -54,	.106 .066 .776 .557 .953	Current Year 4,203,462 4,813,074 134,314 0 9,150,850 1,757,352
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefit	m service rev ment income revenue (Part evenue—add and similar a	enue (Part VIII (Part VIII, column (VIII, column (Ilnes 8 through mounts paid (P or members (Pa	I, line 2g)	4, and 7d) . 3c, 9c, 10c, and 1 Part VIII, column A), lines 1–3) .	 1e) n (A), line		7,474, 4,567, -54, 11,986,	.106 .066 .776 .557	Current Year 4,203,462 4,813,074 134,314 0 9,150,850
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	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10)	m service revenue (Partevenue—addenderevenue—addenderevenue) and similar as paid to or for services, other comp	Penue (Part VIII) (Part VIII, column (VIII, column (lines 8 through mounts paid (P per members (Pa pensation, empl	I, line 2g)	4, and 7d) . 3c, 9c, 10c, and 1 Part VIII, column A), lines 1–3) .			7,474, 4,567, -54, 11,986, 496,	.106 .066 .776 557 .953 .726	Current Year 4,203,462 4,813,074 134,314 0 9,150,850 1,757,352 0
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May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes

✓ No

Form	990 (2011)					Page 2
Par	Statement o Check if Schedu			lishments uestion in this Part	III	
1	Briefly describe the or	ganızatıon's mıssıo	า			
UND DO T CON PRO FINA IMPA	ERSERVED PEOPLE TO HIS BY PROVIDING LO VENTIONAL LENDERS BLEMS ESTABLISHED NCIAL INSTITUTIONS	OWN HOMES, HADANS, CAPITAL ADANS, CAPITAL AAND PUBLIC INSTANTION, IN 1983, THE COMES IN THE NATION, TRENGTH AND PE	VE QUALITY . ND TECHNICA FITUTIONS, A IMUNITY LOA AND IS RECO RFORMANCE	JOBS AND CHILD (LASSISTANCE, C .ND BRINGING PE(N FUND WAS ONE GNIZED AS A NAT THE COMMUNITY	OMPLEMENTING AND EXTOPLE AND INSTITUTIONS OF THE FIRST COMMUNIT	NCIALLY INDEPENDENT WE ENDING THE REACH OF TOGETHER TO SOLVE Y DEVELOPMENT
2	the prior Form 990 or 9	990-EZ?			ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe thes					
3	services?			nt changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe these	e changes on Scheo	lule O			
4	expenses Section 501	(c)(3) and 501(c)(4) organization	s and section 4947	three largest program servi (a)(1) trusts are required to each program service report	report the amount of
4a	(Code AFFORDABLE HOUSING - S) (Expenses \$ EE SCHEDULE O	4,628,601	including grants of \$	1,218,158) (Revenue	\$ 3,883,312)
4b	(Code) (Expenses \$	2,258,939	including grants of \$	0) (Revenue	\$ 538)
	CAPITALIZATION AND PHIL					,
4c	(Code ECONOMIC OPPORTUNITY) (Expenses \$ - SEE SCHEDULE O	1,434,968	including grants of \$	70,997) (Revenue	\$ 401,589)
	(Code) (Expenses \$	489,467	including grants of \$	468,197) (Revenue	
	HOME-BASED CHILD DEVE FUND MADE SIX COMMUN: 57,426 SQUARE FEET OF F BY PROVIDING SHELTER, A \$175,350 IN JANUARY 201	LOPMENT SERVICES, BY ITY FACILITIES LOANS T FACILITIES SPACE ONE (ADOPTION, EDUCATION, 2 TO HELP FINANCE EN	HELPING NONPRO OTALING \$1 9 MILI OF THOSE LOANS W AND OTHER SERV ERGY IMPROVEME	OFIT ORGANIZATIONS BULION, SUPPORTING 134 VAS TO A STATEWIDE NOTICES FOLLOWING THE NATE OF	IY, RENOVATE, OR BUILD FACILITIE JOBS AND CREATING OR IMPROVII DNPROFIT THAT ENCOURAGES THE RECOMMENDATIONS OF A COMPRE	: HUMANE TREATMENT OF ANIMALS EHENSIVE ENERGY AUDIT, WE LOANED BUILDINGS AND INSTALLING A WOOD
	0.44	(D				
4d	Other program servic (Expenses \$	•	nedule O) cluding grants (of \$ 4	68,197) (Revenue \$	339,403)
	Total program service	·	8,811,97	·		. ,

Form **990** (2011)

Part TV	Chec	klist of	Required	Schedules
4 1 1 7 7 7	CHEC	KIISL UI	Reduired	Scriedures

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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	14b		No
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.	15		No
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	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
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	20b		

Par	t 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		No
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Man	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? <i>If</i> "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		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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? <i>If</i> "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	•	-1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	· · · · · · · ·			
	1a 365			
ь	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	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	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)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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
L	· · · · · · · · · · · · · · · · · · ·			
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			
.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 N o
a L				
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	E_		
_	Does the comment has been assessed as a second of the comment of t	5c		N1 -
a	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		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the agreement of the second of the secon			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	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		
1	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		
1	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	Enter the aggregate amount of reserves on hand			
	13c			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
J.	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O			

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.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
Id	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
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	Yes				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
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		Νo			
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		No			
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	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							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
b	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?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing						
	the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990	11a	Yes				
	Describe in Schedule of 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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
ь	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)						
				1			
	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?							
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶NH						

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.

✓ 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization BONNIE SCADOVA
 7 WALL STREET
 CONCORD, NH 03301
 (603) 224-6669

<u>Part VII</u> 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

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Miscy	organizations
(1) DEBORAH BUTLER TREASURER	1 00	х		Х				0	0	0
(2) JOHN FLANDERS DIRECTOR	1 00	х						0	0	0
(3) RAY GIROUX VICE SECRETARY	1 00	х		х				0	0	0
(4) CHRISTINA HILL DIRECTOR	1 00	х						0	0	0
(5) LAURA JAMISON DIRECTOR	1 00	х						0	0	0
(6) SARA VARELA DIRECTOR	1 00	х						0	0	0
(7) DEBBY MILLER VICE CHAIR	1 00	х		Х				0	0	0
(8) LOIS PARRIS SECRETARY	1 00	х		Х				0	0	0
(9) PAULA ROGERS CHAIR	1 00	х		Х				0	0	0
(10) RANDY ROODY VICE TREASURER	1 00	х		Х				0	0	0
(11) MICHAEL SWACK EMERITUS	1 00	х						0	0	0
(12) EDWARD TOMEY DIRECTOR	1 00	х						0	0	0
(13) JULIANA EADES PRESIDENT	40 00	х		х				114,280	0	23,607
(14) BONNIE SCADOVA CHIEF FINANCIAL OFFICER	40 00			х				87,651	0	23,991

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

	(A) Name and Title	(B) Average hours per week (describe	Average hours more than one box, per unless person is both week (describe director/trustee) 2							D) rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099-	5	(F) Estimated amount of othe compensatio from the organization a related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)		organiza	I .
1b	Sub-Total				<u> </u>			<u> </u>						
	T . 17 111 41 14 X							F		201,931		0		47,598
2	Total number of individuals (incl \$100,000 of reportable compen	ludıng but not lın	nited to	thos	e lıs) who	o received	l more tha	ın			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci	hedule J for such	ındıvıd	ual		• •	•	•				3		No
4	For any individual listed on line organization and related organiz											4		No
5	Did any person listed on line 1a services rendered to the organiz									inization o	or individual for •	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
	Nai	(A) me and business ad	dress							Desci	(B) ription of services		(C Comper	
PO BO	HAVEN ASSOCLLC DX 544 ROKE, NH 03275								I		DGRAM MANAGEMEI	NT	•	126,900
												\dashv		
2	Total number of Independent cont	ractors (includir	ng but n	ot lır	nıted	d to	those	liste	d above) v	who recen	ved more than			

\$100,000 of compensation from the organization \blacktriangleright 1

Form 99						Page 9
Part \	<u>/1111</u>	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 b c d e f g	Federated campaigns	4,203,462			
Program Service Revenue	2a b c d e f	Business Code INTEREST FROM LOANS FEE AND OTHER INCOME RENTAL INCOME All other program service revenue Total. Add lines 2a-2f	222,154	4,491,470 222,154 99,450		
	3 4 5 6a b c	Investment income (including dividends, interest and other similar amounts)	220,643			220,643
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) (i) Securities (ii) Other 186,250 272,579 -86,329		-86,329		
Other Revenue	Ва b с 9а	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	b c 10a b	Less direct expenses b Net income or (loss) from gaming activities				
	11a b c d	Miscellaneous Revenue Business Code All other revenue Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	9,150,850	4,726,745	0	220,643

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

	ot include amounts reported on lines 6b, o, 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	1,394,137	1,394,137		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	363,215	363,215		
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	253,678	160,296	79,533	13,849
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	2,751,995	2,184,355	493,183	74,457
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	76,468	60,792	13,594	2,082
9	Other employee benefits	425,400	341,539	72,068	11,793
10	Payroll taxes	239,227	188,140	44,108	6,979
11	Fees for services (non-employees)	,	,	,	
а	Management	84,000	84,000		
b	Legal	4,208	4,040	145	23
c	Accounting	96,376	75,614	17,885	2,877
d	Lobbying	5,563	5,543	17	3
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	306,233	256,293	43,393	6,547
12	Advertising and promotion	23,698	23,698		
13	Office expenses	263,240	241,421	16,357	5,462
14	Information technology	81,002	65,476	13,505	2,021
15	Royalties				
16	Occupancy	98,596	58,735	37,824	2,037
17	Travel	84,623	80,185	3,914	524
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,547	53,335	1,038	174
20	Interest	2,023,151	2,023,151		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	158,651	97,637	57,807	3,207
23	Insurance	85,192	50,972	32,515	1,705
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	LOAN LOSS PROVISION	917,475	917,475		
b	PROPERTY EXPENSES	55,147	55,147		
С	TRAINING	30,596	26,779	3,308	509
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,876,418	8,811,975	930,194	134,249
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 9.780.430 2 11.398.572 Savings and temporary cash investments 3 4,103,091 930,224 559.399 327.358 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 0 8 9 24,670 9 26,491 Prepaid expenses and deferred charges 5,627,099 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 1,042,427 b Less accumulated depreciation 4,627,711 10c 4,584,672 8,533,689 11 7,568,665 11 12 12 Investments—other securities See Part IV, line 11 13 51,036,068 13 60,169,313 Investments—program-related See Part IV, line 11 . . 14 14 50,900 15 81,301 15 80,334,100 83,468,454 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,152,046 17 1,507,220 17 Accounts payable and accrued expenses . 18 18 19 432,696 19 1,211,551 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 49,569,738 24 51,475,275 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 9,600,000 25 9,600,000 D 26 60,754,480 26 63,794,046 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 7,128,937 27 7,747,227 Unrestricted net assets 4,952,483 28 4,234,600 28 Temporarily restricted net assets Fund 29 7,498,200 29 7,692,581 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 19.579.620 33 19.674.408 Total net assets or fund balances 80,334,100 34 Total liabilities and net assets/fund balances 83.468.454

FGI	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,1	.50,850
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,8	376,418
3	Revenue less expenses Subtract line 2 from line 1	3		- 7	25,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,5	79,620
5	Other changes in net assets or fund balances (explain in Schedule O)	5		8	320,356
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		19,6	574,408
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

NEW HAMPSHIRE COMMUNITY LOAN FUND

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.

Inspection

Employer identification number

					22-2524015				
Part I			tus (All organızatıons			ıctıons			
			e it is (For lines 1 throu		x)				
1 _	· ·		ssociation of churches s						
2	A school describe	ed in section 170(b)(1	l)(A)(ii). (Attach Schedu	le E)					
3 <u> </u>	A hospital or a co	operative hospital se	rvice organization descri	bed in section 170(b)(1)	(A)(iii).				
4 F	A medical researd hospital's name, o		ted in conjunction with a	hospital described in sec	tion 170(b)(1)(A)(iii). Enter the			
5	An organization o	perated for the benefi	t of a college or universit	y owned or operated by a	governmental ur	nit described in			
	section 170(b)(1)	(A)(iv). (Complete P	art II)						
6	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.								
7 🔽	described in	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 trus	t described in sectio	170(b)(1)(A)(vi) (Com	plete Part II)					
9 —	•		(1) more than 331/3% of		outions, members	hip fees, and gross			
,	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
	•		me and unrelated busines	·					
			30, 1975 See section 5	•	•				
o		-	d exclusively to test for p		•				
, 1			d exclusively for the bene			rry out the nurnoses of			
- ,	one or more public	cly supported organiz	ations described in secti porting organization and c	on 509(a)(1) or section !	509(a)(2) See se gh 11h				
е Г		tion managers and ot	organization is not contr her than one or more pub						
f	check this box		etermination from the IRS			upporting organization, 			
g	following persons	?	ızatıon accepted any gıft			[]			
			ontrols, either alone or to		cribed in (ii)	Yes No			
			ie the supported organiza	tion?		11g(i)			
		per of a person descri	• •			11g(ii)			
	• •	, ,	n described in (i) or (ii) a			11g(iii)			
h	Provide the follow	ring information about	the supported organizati	on(s)					
		(iii)	(iv)	(v)	(vi)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis- your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

	ection A. Public Support	e organization	fails to qualify u	inder the tests i	isted below, pie	ease co	mpiete i	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual				7,474,108		,203,462	23,888,873
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	3,382,64	5,375,662	3,452,998	7,474,108	4	,203,462	23,888,873
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							2,045,320
6	Public Support. Subtract line 5							21,843,553
S	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
7	beginning in) A mounts from line 4	3,382,643	5,375,662	3,452,998	7,474,108	4	,203,462	23,888,873
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	436,928	191,293	145,285	146,943		151,560	1,072,009
9	sources 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	103,313	11,623	1,602	557			117,095
11	Total support (Add lines 7 through 10)							25,077,977
12	Gross receipts from related activit					12		21,696,068
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	fth tax year as a	501(c)(3	}) organız	zation, ▶┌
<u>S</u> 14	ection C. Computation of Pul Public Support Percentage for 201			11 column (f))		14		87 100 %
15	Public Support Percentage for 201	-		CO.G.IIII (1/)		15		90 560 %
	33 1/3% support test—2011. If the	•	•	x on line 13, and l	ıne 14 ıs 33 1/3%		, check t	
b	and stop here. The organization qu. 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	alifies as a publice organization dice organization dice or qualifies as a personal organization meets the "	cly supported orga I not check the boo sublicly supported ganization did not o facts and circums	nization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16t ck this box and st	33 1/3% and line op here.	or more, e 14 Explain	check this
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organization	nization meets thation meets the "	ne "facts and circu facts and circums	mstances" test, o tances" test The	check this box and organization qual	d stop he ifies as a	e re. a publicly	
.0	instructions	aon ala not checi	va nov ou une 13,	. 100, 100, 1700	T/D, CHECK CHIS	DOV GIIO	366	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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							

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 22-2524015

Name: NEW HAMPSHIRE COMMUNITY LOAN FUND

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 \$ 489,467 including grants of \$ 468,197) (Revenue \$ 339,403)
COMMUNITY FACILITIESSINCE 1984, OUR COMMUNITY FACILITIES FINANCING HAS SUPPORTED ESSENTIAL SERVICES, WITH

COMMUNITY FACILITIESSINCE 1984, OUR COMMUNITY FACILITIES FINANCING HAS SUPPORTED ESSENTIAL SERVICES, WITH A SPECIAL FOCUS ON NONPROFIT AND HOME-BASED CHILD DEVELOPMENT SERVICES, BY HELPING NONPROFIT ORGANIZATIONS BUY, RENOVATE, OR BUILD FACILITIES IN FY 12, THE COMMUNITY LOAN FUND MADE SIX COMMUNITY FACILITIES LOANS TOTALING \$1 9 MILLION, SUPPORTING 134 JOBS AND CREATING OR IMPROVING EIGHT HOUSING UNITS AND 57,426 SQUARE FEET OF FACILITIES SPACE ONE OF THOSE LOANS WAS TO A STATEWIDE NONPROFIT THAT ENCOURAGES THE HUMANE TREATMENT OF ANIMALS BY PROVIDING SHELTER, ADOPTION, EDUCATION, AND OTHER SERVICES FOLLOWING THE RECOMMENDATIONS OF A COMPREHENSIVE ENERGY AUDIT, WE LOANED \$175,350 IN JANUARY 2012 TO HELP FINANCE ENERGY IMPROVEMENTS THAT INCLUDED INSULATING AND AIR-SEALING THE BUILDINGS AND INSTALLING A WOOD PELLET BOILER AND A SOLAR THERMAL HOT WATER SYSTEM THE LOAN SUPPORTED 33 JOBS AND 24.000 SOUARE FEET OF NONPROFIT FACILITY SPACE

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DLN: 93493313017082

OMB No 1545-0047

Yes

Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Did the filing organization file Form 1120-POL for this year?

١	am	ne o	f the	org	ganı	zatıc	n			
V	FW	HAN	4PSHTI	RF (IMO.	MUNT	ΓΥ Ι	OAN	FUNI	•

Employer identification number

22-2524015

Part I-A	complete if the or	ganization is exem	pt unaer section 501(c) or is	a section 527	organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	Com	plete if	the or	ganization	is exem	pt under	section	501(c)(3).	

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
 - b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Thedule C (I	offit 990 of 990-L2/2011	Ра	ge
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	n
	under section 501(h)).	<u>. </u>	
Chack	If the filing erganization belongs to an affiliated group (and list in Bart IV) each affiliated group member's name	addrace	<u></u>

Check | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

Check fithe filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	930	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	4,633	
c	Total lobbying expenditures (add lines 1a and 1b	o)	5,563	
d	O ther exempt purpose expenditures	9,870,855		
e	Total exempt purpose expenditures (add lines 1	and 1d)	9,876,418	
f	Lobbying nontaxable amount Enter the amount f columns	643,821		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	160,955	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ie 1h or line 1i, did the organization file Form 472	0 reporting	

section 4911 tax for this year?

┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount	551,420	524,733	715,850	643,821	2,435,824
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,653,736
c	Total lobbying expenditures	4,467	15,876	9,977	5,563	35,883
d	Grassroots non-taxable amount	137,885	131,183	178,963	160,955	608,986
e 	Grassroots ceiling amount (150% of line 2d, column (e))					913,479
f	Grassroots lobbying expenditures	0	409		930	

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)	
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493313017082

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization NEW HAMPSHIRE COMMUNITY LOAN FUND

22-2524015

Pa	organizations Maintaining Donor A		unds o	r Accounts. Complete if the
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	5	or advis	ed Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit			purpose Yes No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" t	o Form	990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure)	certified	
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	s	2b	
c	Number of conservation easements on a certified hi	istoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transf	l ferred released extinguished orterminate	d by the	organization during
_	the taxable year -	remed, released, exemgalshed, or cerminate	, a b , e , e	organization daring
_				
4	Number of states where property subject to conserv			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of v	Yiolations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easem	nents du	ring the year ►
7	A mount of expenses incurred in monitoring, inspect ► \$	ting, and enforcing conservation easements	s during	the year
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial ements	statem	ents that describes
Par	Complete if the organization answered		or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furt	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research i		
	(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, his following amounts required to be reported under SFA		or financ	ial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			► \$

Assets included in Form 990, Part X

Par	Till Organizations Maintaining Collections of	Art, HIS	tori	<u>cai irea</u>	<u>isures, o</u>	r Otne	r Similar Ass	ets (co	<u>ntinued)</u>
3	Using the organization's accession and other records, checitems (check all that apply)	k any of th	ne fol	lowing tha	t are a sıgn	ıfıcant u	se of its collection	n	
a	Public exhibition	d	Γ	Loan or	exchange p	rograms			
b	Scholarly research	е	Γ	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collections and e Part XIV	explain hov	w the	y further t	he organıza	tıon's ex	cempt purpose in		
5	During the year, did the organization solicit or receive dona assets to be sold to raise funds rather than to be maintaine							Yes	┌ No
Pai	Escrow and Custodial Arrangements. Con Part IV, line 9, or reported an amount on Form	mplete ıf	the	organiza	tion answe		es" to Form 99	0,	
1a	Is the organization an agent, trustee, custodian or other intincluded on Form 990, Part X?	ermediary	ford	ontributio	ns or other	assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete	the follow	/ıng t	able			Amo	unt	
С	Beginning balance					1c	Ame	- unc	
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
٠	-	/ lima 212						Yes	
2a	Did the organization include an amount on Form 990, Part X	K, line 21 r					ı	res	No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete if the organize	ation and	.wor	ad "Vac"	to Form 9	90 Dar	t IV line 10		
F G	(a)Current Yea)Prior		c)Two Years B			e) Four Y	ears Back
1a	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance h	neld as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
С	Term endowment ▶								
3a	Are there endowment funds not in the possession of the org	anızatıon	that	are held a	nd admınıst	ered for	the		
	organization by						25(3)	Yes	No
	(i) unrelated organizations		•				3a(i) 3a(ii)		
ь	(ii) related organizations							<u>' </u>	<u> </u>
4	Describe in Part XIV the intended uses of the organization's	•						-	<u> </u>
Pai	t VI Land, Buildings, and Equipment. See Forn	n 990, Pa	art X	, line 10.					
	Description of property	•) Cost or oth		or other (other)	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					321,461			321,461
b	Buildings				4	,704,830	602,641		4,102,189
c	Leasehold improvements								
d	Equipment					551,023	439,786		111,237
e	Other					49,785			49,785
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X,	column (B). line	10(c).) .					4,584,672

	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(including name of security) (1)Financial derivatives		Cost of end of year market value
(2)Closely-held equity interests		
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1) LOANS RECEIVABLE	58,173,630	F
(2) ROC USA (3) OTHER PROGRAM-RELATED EQUITY	1,526,184	F
INVESTMENTS	469,499	F
Table (Caluma (b) about a gual Farm 000, Part V, cal (D) had 13)	► 60.169.313	
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
	scription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) li	ne 15.)	
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Pa	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) Amount	

F G I	t XI Reconcination of Change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,150,850
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,876,418
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-725,568
4	Net unrealized gains (losses) on investments	4	820,356
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	820,356
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	94,788
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,274,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-3,875,972
3	Subtract line 2e from line 1	3	9,150,850
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,150,850
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	5,180,090
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	1,650
3	Subtract line 2e from line 1	3	5,178,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	4,697,978
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,876,418

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

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COMMUNITY LOAN FUND FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD, WHICH REQUIRES THE COMMUNITY LOAN FUND TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY AS OF JUNE 30, 2012, THE COMMUNITY LOAN FUND DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT THE COMMUNITY LOAN FUND DOES NOT EXPECT THAT THE AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS INFORMATION RETURNS FILED FOR THE PRIOR THREE YEARS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE STATE OF NEW HAMPSHIRE
PART XII, LINE 2D - OTHER ADJUSTMENTS		PROVISION FOR LOSS ON LOANS AND GUARANTIES - 917,475 INTEREST EXPENSE -2,023,151 PASS THROUGH - 1,757,352
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE 2,023,151 PROVISION FOR LOSS ON LOANS AND GUARANTIES 917,475 PASS THROUGH 1,757,352

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(Form 990)

Schedule I

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.

OMB No 1545-0047

DLN: 93493313017082

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number NEW HAMPSHIRE COMMUNITY LOAN FUND 22-2524015 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) IDA MATCHED SAVINGS GRANTS	77	348,911			
(2) ENERGY EFFICIENCY IMPROVEMENT GRANTS	2	14,304			

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	· '	SCHEDULE I, PART I, LINE 2 PROGRAM MANAGERS OVERSEE GRANT PROGRAMS AND MONITOR THE USE OF
MONITORING GRANTS		FUNDS BY GRANTEES THROUGH A VARIETY OF MEANS INCLUDING PERFORMANCE REPORTS, FINANCIAL
IN THE U S		REPORTS, INVOICES, PHOTOGRAPHY AND OTHER FORMS OF SUBSTANTIATING DOCUMENTATION

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 22-2524015

Name: NEW HAMPSHIRE COMMUNITY LOAN FUND

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PROGRAM BELKNAP- MERRIMACK COUNTIES INCPO BOX 1016 2 INDUSTRIAL PARK DRIVE DRIVE CONCORD, NH 03302	0270376		669,571		CASH		ENERGY EFFICIENCY IMPROVEMENTS
BEARCAMP VALLEY SCHOOL & CHILDRENS CENTER27 DURRELL RD TAMWORTH, NH 03886	02- 0270074		15,000		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERRIMACK VALLEY DAY CARE SERVICES19 NO FRUIT ST CONCORD,NH 03302	02- 6019236		15,000		CASH		ENERGY EFFICIENCY IMPROVEMENTS
DOVER CHILDREN'S CENTER43 BACK RIVER RD DOVER, NH 03820	02- 0303815		14,517		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES IN TRANSITION122 MARKET ST MANCHESTER,NH 03101	02- 0475414		231,883		CASH		ENERGY EFFICIENCY IMPROVEMENTS
GREAT BAY KIDS CO INC81 NEW HAMPSHIRE AVE PORTSMOUTH, NH 03801	02- 0272439		15,384		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN MOUNTAIN CHILDRENS CENTER90 CHARLESTOWN RD CLAREMONT, NH 03743	22- 3032403		5,000		CASH		ENERGY EFFICIENCY IMPROVEMENTS
KEENE DAY CARE CENTER86 WOOD ST KEENE,NH 03431	02- 0301063		15,000		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE ARROWS CHILD CARE SERVICES365 SOUTH ST MILFORD, NH 03055	22- 3200995		15,384		CASH		ENERGY EFFICIENCY IMPROVEMENTS
OSSIPEE CONCERNED CITIZENS INCPO BOX 426 CENTER OSSIPEE, NH 03814	51- 0138791		15,384		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS ROADS HOUSE INC600 LAFAYETTE RD PORTSMOUTH,NH 03801	22- 2549963		89,993		CASH		ENERGY EFFICIENCY IMPROVEMENTS
HAMPSHIRE HILLS RACQUET & HEALTH CLUB INC 50 EMERSON RD MILFORD, NH 03055	02- 0306025		20,838		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEYS IN EDUCATION INC DBA MARIPOSA MUSEUM26 MAIN STREET PETERBOROUGH, NH 03458	02- 0527431		11,000		CASH		ENERGY EFFICIENCY IMPROVEMENTS
KHEOPS INTERNATIONAL INC232 ROUTE 3 COLEBROOK, NH 03576	59- 3217467		10,000		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILES SMITH FARM 56 WHITEHOUSE RD LOUDON,NH 03307	27- 4194971		15,681		CASH		ENERGY EFFICIENCY IMPROVEMENTS
NH SOCIETY FOR THE PROTECTION OF ANIMALS104 PORTSMOUTH AVE STRATHAM, NH 03885	02- 6000614		68,450		CASH		ENERGY EFFICIENCY IMPROVEMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WLR INC DBA NORTH WOODS MANUFACTURING 140 PROSPECT ST LANCASTER, NH 03584	27- 0886050		8,386		CASH		ENERGY EFFICIENCY IMPROVEMENTS
RIVERBEND COMMUNITY MENTAL HEALTH INC 3-5 NORTH STATE ST CONCORD, NH	02- 0264383		135,069		CASH		ENERGY EFFICIENCY IMPROVEMENTS

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DLN: 93493313017082

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization NEW HAMPSHIRE COMMUNITY LOAN FUND

Employer identification number

					22-2524015			
Pa	rt I Types of Property			T				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .	X	6	81,797	FAIR MARKET VAL	UE		
	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							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
26	Other ▶()							
	Other ►()							
28	Other ► ()				I			
29	Number of Forms 8283 received for which the organization compl				29			
	for which the organization compl	ctca i oiiii (5205,1 alt IV, Dollee Acki	iowicagement :			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement					300		
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
ь	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493313017082

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 COMMUNITY LOAN FUND	Employer identifi	cation number
	22-2524015	

Identifier	Return	Explanation
	Reference	·
PROGRAM SERVICE STATEMENT	PT III, LINE 4A	AFFORDABLE HOLBING FOUR COMMUNITY LOAN FLUD PROCRAMS ADDRESS NEW HAMPSHIRES NEED FOR HOUS ING FOR WORKING FAMILES AND FOR FAMILES WITH LOW NOOMES I PROCHINE PROVIDES LOANS, ALON G WITH EDUCATIONAL AND TECHNICAL SUPPORT, TO BUILD LONG-TERM VALUE AND SECURITY FOR RESIDENTS OF NEW HAMPSHIRES MANIFACTURED HOLBING COMMUNITYS SINCE 1984, ROCHHAMS FROWDED TECHNICAL ASSISTANCE AND FRANCING FOR COMMUNITY PLRCHASE AND IMPROVEMENT TO HELP PHONEOWIPES PURPORASE, MANIFACE AND IMPROVEMENT FOR COMMUNITY PLRCHASE AND IMPROVEMENT TO HELP PHONEOWIPES SUPPORTED HOLBING THE COMMUNITY PLRCHASE AND IMPROVEMENT TO HELP PHONEOWIPES SUPPORTED HOLBING THE ROCHMUNITY PLRCHASE AND IMPROVEMENT TO HELP PHONEOWIPES SUPPORTED HOLBING THE ROCHMUNITY PLRCHASE AND IMPROVEMENT TO RESIDENT OWNED COMMUNITY LOAN FUND. THE PHONEOMIPE AND THE SECRET PROMOMENT TO THE PHONEOMIPE AND THE SECRET PROMOMENT TO THE SECRET PROMOMENS HERE THE SECRET PROMOMENT TO THE SECRET PROMOMENS HERE AND THE SECRET PROMOMENS HERE PROMOMENT TO THE SECRET PROMOMENS HERE PROMOMENT TO THE SECRET PROMOMENS HERE PROMOMENS HERE PROMOMENS HERE PROMOMENT TO THE SECRET PROMOMENS HERE PROMOMENS HER

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	PT III, LINE 4A	ENERGY-EFFICIENCY IMPROVEMENTS IN ONE OF ITS BUILDINGS, MAINTAINING 12 HOUSING UNITS AND 1 5,000 SQUARE FEET OF NONPROFIT FACILITY SPACE, WHILE SUPPORTING 52 LOCAL JOBS 4 INDIVIDU AL DEVELOPMENT ACCOUNTS (IDA) PROVIDE MATCHED SAVINGS AND FINANCIAL EDUCATION FOR PEOPLE WITH LOW INCOMES WHO WANT TO SAVE FOR A HOME, OR FOR BUSINESS DEVELOPMENT, COLLEGE, A CAR, OR HOME REPAIR SINCE 2001, THE NEW HAMPSHIRE IDA PROGRAM HAS PROVIDED MORE THAN \$2.7 MILL ION TO MATCH THE SAVINGS OF PROGRAM PARTICIPANTS, INCLUDING MORE THAN \$1.7 MILLION TO HELP 343 PEOPLE PURCHASE HOMES ONE SAVER WAS A 42-YEAR-OLD SINGLE MOM WHOSE JOB WAS CUT TO PART-TIME DURING THE RECESSION WITH HER EARNINGS DWINDLING, SHE FELT HER DREAM - OWNING A HOME FOR HERSELF AND HER YOUNG DAUGHTER - SLIPPING AWAY HER ADVISER AT A LOCAL HUMAN SERVICES AGENCY AGREED THAT GETTING A COLLEGE DEGREE MIGHT RESULT IN A BETTER-PAYING JOB, WHICH WOULD ALLOW HER TO PURSUE HER OTHER LONG-TERM GOALS, INCLUDING HOMEOWNERSHIP SHE USED HE R IDA SAVINGS TO BIROLL AT A LOCAL COMMUNITY COLLEGE, WHERE SHE EARNED HER ASSOCIATES DEGREE AND RECEIVED THE PRESIDENT'S AWARD OF EXCELLENCE SHE THEN ENROLLED AT ANOTHER NEARBY C OLLEGE, WHERE SHE MADE DEAN'S LIST AND GRADUATED IN SPRING OF 2012 WITH A DEGREE IN HUMAN SERVICES ALONG THE WAY, SHE RECEIVED A WORK PROMOTION AND A RAISE ALTHOUGH SHE USED HER IDA SAVINGS FOR EDUCATION, THE FINANCIAL TRAINING SHE RECEIVED HELPED HER SAVE FOR AND BUY A MANUFACTURED HOME IN A NEARBY RESIDENT-OWNED COMMUNITY IDAS, SHE SAID, ARE "A GOOD OPP ORTUNITY FOR SOMEONE WITH MOTIVATION AND DRIVE TO MOVE FORWARD" "WITHOUT THE SUPPORT AND GUIDANCE I RECEIVED, I MIGHT HAVE BECOME FRUSTRATED," SHE SAID BUT BECAUSE SHE WAS ABLE TO COMPLETE THE PROGRAM, SHE SAYS, "MY LIFE HAS CHANGED A LOT' I'M VERY GRATEFUL"

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	PT III, LINE 4B	CAPITAL PHILANTHROPY THE COMMUNITY LOAN FUND IS ROOTED IN TWO BELIEFS -SOME FINANCIAL OBSTACLES PEOPLE FACE ARE NOT DUE SOLELY TO LOW INCOMES, BUT ALSO TO LACK OF CREDIT -MANY PEOPLE WITH CAPITAL WILL INVEST IN BASIC HUMAN NEEDS IF THERE IS A WAY TO DO SO THE PHILANTHROPY PROGRAM WORKS ON THE SECOND PART OF THAT EQUATION IT SEEKS TO MAKE THE COMMUNITY LOAN FUND A CONDUIT THROUGH WHICH PEOPLE, ORGANIZATIONS, FOUNDATIONS AND CORPORATIONS SAFELY AND SECURELY INVEST IN NEW HAMPSHIRE'S PEOPLE AND COMMUNITIES THE COMMUNITY LOAN FUND IS NEARLY ALONE AMONG COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS IN SOLICITING INVESTMENTS - IN THE FORM OF UNSECURED LOANS - FROM PRIVATE INDIVIDUALS, AS WELL AS FROM INSTITUTIONS LARGE AND SMALL INVESTMENTS ARRIVE FROM RETIREES AND COMMUNITY CHURCH GROUPS, ALL THE WAY UP TO NATIONAL FOUNDATIONS INVESTMENTS IN THE COMMUNITY LOAN FUND RANGE FROM \$1,000 TO \$5 MILLION IN A CHALLENGING ECONOMY, THE PHILANTHROPY PROGRAM BROUGHT IN \$3 44 MILLION FROM 113 NEW INVESTMENTS IN FY 12, PUSHING THE TOTAL NUMBER OF INVESTORS IN THE COMMUNITY LOAN FUND TO 502

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	PT III, LINE 4C	ECONOMIC OPPORTUNITY THE COMMUNITY LOAN FUND'S SMALL-BUSINESS LOANS PROVIDE FINANCING FOR BUSINESS FROM SELF-EMPLOY ED TRADESMEN TO HIGH-GROWTH, HIGH-MARGIN COMPANIES MICRO LOANS SERVE PRIMARILY SELF-EMPLOY ED PERSONS AND THE SMALLEST COMPANIES BUSINESS BUILDER LOANS CAN BE USED TO IMPROVE OR GROW A BUSINESS AND VESTED FOR GROWTH PROVIDES RISK-TOLERANT CAPITAL, BUSINESS EDUCATION, AND PEER-LEARNING OPPORTUNITIES TO HELP OWNERS OF SMALL BUSINESSES INCREASE PROFITS AND CREATE HIGHER-QUALITY JOBS VESTED FOR GROWTH PROVIDES EXPANSION CAPITAL WITHOUT NECESSARILY THE COLLATERAL REQUIREMENTS OF BANK DEBT AND WITHOUT THE NEED TO SELL THE BUSINESS TO PAY EQUITY INVESTORS IT ALSO PROVIDES ACCESS TO ENHANCED MANAGEMENT CAPACITY, INDUSTRY CONTACTS, HUMAN RESOURCE DEVELOPMENT, AND OTHER BUSINESS RESOURCES THAT DRIVE THE INNOVATION AND GROWTH NEEDED TO BE SUCCESSFUL IN TODAY'S ECONOMY IN FY 12, SMALL-BUSINESS LOANS MADE 18 INVESTMENTS TOTALING NEARLY \$2 26 MILLION TWENTY-THREE BUSINESS OWNERS PARTICIPATED IN CEO PEERLINK, A GROUP IN WHICH CEOS MEET MONTHLY TO SHARE BEST PRACTICES, PROVIDE SUPPORT AND SOLVE BUSINESS PROBLEMS FOR FOUR YEARS, A FARM FAMILY HAD PROVIDED HEALTHY, ORGANIC, HEALTHY FOOD TO RESIDENTS ALONG NEW HAMPSHIRES SEACOAST THEN THEY LEARNED THAT THE LEASE ON THEIR FARMLAND WOULDN'T BE RENEWED IN FEBRUARY 2012, THE COMMUNITY LOAN FUND PROVIDED A LOAN TO HELP THEM BUY A PARCEL OF LAND ALONG A FERTILE RIVERBED AND RENOVATE AN EXISTING DAIRY FARM THERE WE ALSO LOANED THEM MONEY TO FINANCE NEW EQUIPMENT THE LOANS, TOTALING \$500,000, SAVED 10 JOBS AND CREATED A HANDFUL OF CONSTRUCTION JOBS AND FIVE PART-TIME SEASONAL JOBS ON THE FARM, ALL WHILE PRESERVING OPEN LAND AND ENCOURAGING SUSTAINABLE FAMILY FARMING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	FAIRHAVEN ASSOCIATES, LLC PROVIDED THE FOLLOWING SERVICES, AS OUTLINED IN WRITTEN SERVICE AGREEMENTS, DURING THE YEAR 1 SERVING AS PRESIDENT PRO TEM OF THE COMMUNITY LOAN FUND DURING THE PRESIDENT'S SABBATICAL THIS INCLUDED OVERALL RESPONSIBILITY FOR THE ORGANIZATION INCLUDING DAY-TO-DAY MANAGEMENT OF THE ORGANIZATION, MANAGEMENT OF ALL STAFF, AND REPORTING TO AND WORKING WITH THE BOARD OF DIRECTORS 2 SERVING AS ACTING VICE PRESIDENT OF PHILANTHROPY INCLUDING OVERSIGHT OF ALL FUND RAISING, GRANTS MAMANGEMENT, AND INVESTOR MANAGEMENT 3 CONSULTATION RELATIVE TO OVERALL ORGANIZATIONAL DEVELOPMENT AT THE COMMUNITY LOAN FUND INLUDING STRATEGIC PLANNING, DEVELOPMENT OF MANAGEMENT STRUCTURE, AND COACHING OF SENIOR STAFF

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY STAFF AND THE AUDIT FIRM A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WITH QUESTIONS ADDRESSED AND RESOLVED BY THE AUDIT FIRM THE FINANCE COMMITTEE VOTES TO RECOMMEND FOR ACCEPTANCE TO THE FULL BOARD, AND MINUTES OF THE COMMITTEE MEETING ARE PRODUCED TO DOCUMENT THE REVIEW AND THE VOTE. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS. THE BOARD VOTES TO ACCEPT THE FORM 990 BEFORE IT IS FILED WITH THE IRS.

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES EMPLOYEES AND BOARD MEMBERS TO COMPLETE ANNUAL CONFLICT OF INTEREST SURVEYS	

Identifier	Return Reference	Explanation
:	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION DATA REGARDING THE TWO TOP EXECUTIVE POSITIONS WAS GATHERED NATIONALLY, REGIONALLY AND LOCALLY NATIONAL COMPARATIVE DATA WAS OBTAINED FROM THE CHARITY NAVIGATOR 2010-2011 CEO COMPENSATION STUDY WHICH WAS MADE UP OF A POOL OF 3,500 NATION-WIDE NON-PROFIT ORGANIZATIONS WITH 501(C)3 DESIGNATIONS THAT FILE 990S REGIONAL DATA INCLUDED EVALUATION OF SEVERAL NEW ENGLAND NON-PROFIT INSTITUTIONS SIMILAR TO THE COMMUNITY LOAN FUND IN EITHER SIZE OR ACTIVITY THIS INFORMATION WAS LOCATED VIA RESEARCH OF THE ORGANIZATIONS' FORMS 990 FOR 2009 AND 2010 LOCAL (NEW HAMPSHIRE) DATA WAS FOUND IN THE 2010 REPORT ON NONPROFIT WAGES & BENEFITS COMPILED BY THE NH CENTER FOR NONPROFITS AN EXECUTIVE COMPENSATION COMMITTEE WAS APPOINTED BY THE BOARD AND CONSISTED OF THREE BOARD MEMBERS, WITH ASSISTANCE FROM THE HUMAN RESOURCES DIRECTOR AFTER A REVIEW OF THE DATA AND DISCUSSION, IT WAS DETERMINED THAT BOTH POSITIONS WERE GENERALLY IN LINE WITH THE DATA REVIEWED AND THAT THE COMPENSATION FOR THE TWO POSITIONS IS APPROPRIATE. COPIES OF COMPARABILITY DATA ANALYSIS ARE ON FILE AND RECORDS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE ON FILE

Identifier Return Explanation Reference		Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COMMUNITY LOAN FUND'S FORM 990, YEAR-END AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE POSTED ON THE ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION BY LAWS AND CONFLICT OF INTEREST POLICIES ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST THIS IS STATED ON THE ORGANIZATION'S WEBSITE

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND	FORM 990, PART XI,	NET UNREALIZED GAINS ON INVESTMENTS 820,356 TOTAL TO FORM 990,
BALANCES	LINE 5	PART XI, LINE 5 820,356

Identifier	Return Reference	Explanation
	PT XII, LINE 2C	THE FORM 990 IS PROVIDED TO THE BOARD ANNUALLY FOR APPROVAL

ldentifier	Return Reference	Explanation
	PT IV, LINE 26 AND PT VI-A, LINE 1B	THE COMMUNITY LOAN FUND'S BY LAWS REQUIRE THE BOARD OF DIRECTORS TO INCLUDE REPRESENTATIVES OF BORROWER ORGANIZATIONS AND LENDERS AMONG ITS MEMBERSHIP DONATIONS AND INVESTMENTS ARE ACCEPTED FROM EMPLOYEES, FROM INDIVIDUAL BOARD MEMBERS, OR FROM ORGANIZATIONS OF WHICH CURRENT AND FORMER MEMBERS ARE SIGNIFICANT EMPLOYEES OR BOARD MEMBERS ALL TRANSACTION DECISIONS FOLLOW STANDARD POLICIES AND PROCEDURES INCLUDING THOSE COVERING CONFLICT OF INTEREST FIVE MEMBERS OF THE BOARD OF DIRECTORS HAVE PROVIDED LOANS TOTALING \$207,392 TO THE COMMUNITY LOAN FUND SEVENTEEN EMPLOYEES HAVE PROVIDED LOANS TOTALING \$392,583 TO THE COMMUNITY LOAN FUND ALL BOARD MEMBERS AND STAFF ARE TY PICALLY DONORS TO THE COMMUNITY LOAN FUND ONE MEMBER OF THE BOARD OF DIRECTORS IS ALSO A BOARD MEMBER OF AN ORGANIZATION THAT HAS A LOAN FROM THE COMMUNITY LOAN FUND TOTALING \$178,060 THE TRANSACTIONS ARE PART OF THE COMMUNITY LOAN FUND'S NORMAL COURSE OF BUSINESS AND ARE OPEN TO THE PUIBLIC AT LARGE