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Form **990-PF** 

### **Return of Private Foundation**

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

roid	alen	dar year 2014 of tax year beginning AP	R 1, 2014	, and ending	MAR 31, 2013	
Nar	ne of	foundation			A Employer identification	number
S	al	em Community Benefits,	Inc.		02-0499456	
Nun	ber a	nd street (or P O box number if mail is not delivered to stre	B Telephone number			
_ 3	S	outh Broadway	(603) 898-	2153		
		own, state or province, country, and ZIP or foreign	C If exemption application is p	ending, check here		
_ <u>s</u>	al.	em, NH 03079				
G C	heck	all that apply: Initial return		rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2. Foreign organizations me	eting the 85% test.
		Address change	Name change		Foreign organizations me check here and attach co	mputation
HO	_		exempt private foundation		E If private foundation sta	
<u> </u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	1 1	under section 507(b)(1)	
		· 1 —	iting method: L Cash Other (specify)	X Accrual	F If the foundation is in a	
(II			lumn (d) must be on cash t	nasis )	under section 507(b)(1)	I(B), check here
	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
11.0		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	100,625.		N/A	1.
	2	Check I if the foundation is not required to attach Sch. B	` ` ` ` `	1 2 2 4 3		, , , , , , , , , , , , , , , , , , ,
,	3	Interest on savings and temporary cash investments	159.	159.		21 T
	4	Dividends and interest from securities				
	5a	Gross rents				
<b>3</b>	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		* , * :	· · · · · · · · · · · · · · · · · · ·	1 mg 1
ACC evenue	b	assets on line 6a	- ' '	· · · · · · · · · · · · · · · · · · ·	**	``, <u>`</u>
. Æ	7	Capital gain net income (from Part IV, line 2)		0.	`	<u> </u>
	8	Net short-term capital gain		<u> </u>		
씾	9	Income modifications Gross sales less returns		<del></del>	·	,
SCANNE		Gross sales less returns and allowances		· · · · · · · · · · · · · · · · · · ·	The state of the s	y (s) or malayers are settle
A		Less Cost of goods sold Gross profit or (loss)	-			- Approximate to the second
ပ္က	11				1 1	I have be a fire
U)	12	Total. Add lines 1 through 11	100,784.	159.	C. AUG 1 %	CUUS
	13	Compensation of officers, directors, trustees, etc	0.	0.	11/23/1	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits			000	
enses	16a	Legal fees				
ben .		Accounting fees Stmt 1	625.	312.		313.
ŭ	}	Other professional fees				
tive	ł	Interest			<u></u>	
šta	18	Taxes				
ij	19	Depreciation and depletion			ļ <u> </u>	
Ę,	20	Occupancy Travel, conferences, and meetings				
þ.	ì	Printing and publications				
gar	23	Other expenses Stmt 2	75.	0.		75.
Operating and Administrative Exp	1	Total operating and administrative	, , ,		<del></del>	<del>-</del> '3-
Jer.	- •	expenses. Add lines 13 through 23	700.	312.		388.
ō	25	Contributions, gifts, grants paid	74,000.	<u>-</u>		74,000.
		Total expenses and disbursements		<del></del>		,
_	L	Add lines 24 and 25	74,700.	312.		74,388.
	27	Subtract line 26 from line 12:		<del></del>		
	a	Excess of revenue over expenses and disbursements	26,084.			
	ł	Net investment income (if negative, enter -0-)		0.		
4235	C	Adjusted net income (if negative, enter -0-)			N/A	
4233	٠	LUA For Panerwork Reduction Act Notice se	a instructions			Form <b>QQD_DE</b> (2014)

Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End o	f year		
rait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing					
2	Savings and temporary cash investments	197,732.	123,816.	123,816.		
3	Accounts receivable >					
İ	Less: allowance for doubtful accounts					
4	Pledges receivable >					
	Less: allowance for doubtful accounts		4.00.00			
	Grants receivable		100,000.	100,000.		
6	Receivables due from officers, directors, trustees, and other					
_	disqualified persons					
'	Other notes and loans receivable	الهدائية المرسي بطلب والمرساة	المصطرر المساملة المام ا	National Tolland		
	Less: allowance for doubtful accounts	<u> </u>				
<b>5</b> . I	Inventories for sale or use Prepaid expenses and deferred charges					
Y 10	a Investments - U.S. and state government obligations					
	b Investments - corporate stock					
	c Investments - corporate bonds			<u> </u>		
	Investments - land buildings, and equipment basis	*** ** ** **		· · · · · · ·		
''	Less accumulated depreciation	na magada an dan da Abanana.	سمينا بالمكاملات	Latina James		
12	Investments - mortgage loans					
13	Investments - other					
14	Land, buildings, and equipment basis	- 2				
	Less accumulated depreciation			managan and and and and and and and and and a		
15	Other assets (describe ►					
16	Total assets (to be completed by all filers - see the					
	instructions Also, see page 1, item I)	197,732.	223,816.	223,816.		
17	Accounts payable and accrued expenses			/		
18	Grants payable			• •		
တ္က 19	Deferred revenue					
Liabilities 52 02 12 02 61	Loans from officers, directors, trustees, and other disqualified persons					
.달   21	Mortgages and other notes payable					
ے <sub>  22</sub>	Other liabilities (describe					
				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
23	Total liabilities (add lines 17 through 22)	0.	0.			
	Foundations that follow SFAS 117, check here					
8 4	and complete lines 24 through 26 and lines 30 and 31.					
۲ ا <u>۲</u>	Unrestricted					
25 26 26	Temporarily restricted  Permanently restricted			7.		
ğ   20	Foundations that do not follow SFAS 117, check here			* , ,		
큔	and complete lines 27 through 31.					
Net Assets or Fund Balan 8 2 2 2 9 5 2 9 5 2 9 5 2 9 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Capital stock, trust principal, or current funds	231,132.	231,132.	, ,,,		
28 Sets	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
¥ 29	Retained earnings, accumulated income, endowment, or other funds	<33,400.	• •	, ·		
₹ 30		197,732.	223,816.	•		
-	İ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
31	Total liabilities and net assets/fund balances	197,732.	223,816.	,		
Part	III Analysis of Changes in Net Assets or Fund B	alances				
			·			
	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		405 500		
	st agree with end-of-year figure reported on prior year's return)		1	197,732.		
	er amount from Part I, line 27a		2	26,084.		
	er increases not included in line 2 (itemize)			0.		
	reases not included in line 2 (itemize)		4	223,816.		
	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	dumn (h) linn 20	5	223,816.		
0 100	a not decore or rund bulances at end of year time 4 fillings line 3) - Part II, co	numin (U), iille 30		Form <b>990-PF</b> (2014)		

Part IV   Capital Gains and Losses for Tax on Investment Income  (a) List and describe the kind(s) of property sold (e.g., real estate, 2-stery brick warehouse; or common stock, 200 shs. MLC Co.)						low ac Purc Dona			acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a '											
b NO	NE				ļ						
<u>c</u>			•		-						
<u>d</u>					<del> </del>						
<u>e</u>	(f) D		(-) 0		Ц,		1		· · · · · · · · · · · · · · · · · · ·		
(e) Gross sales price	(f) Depreciat (or allo			st or other basis expense of sale	$\downarrow$				ain or (loss) s (f) minus (		
a											
b					-+						
C				· · · · · · · · · · · · · · · · · · ·		_					
d											
Complete only for assets showin	a gain in column (	n) and owned by the	foundation	on 12/21/60	+			1) Cours (6	)al (b) asia		
Complete only for assets showing	<del></del>	<u> </u>							Col. (h) gain not less thai		
(i) F.M.V. as of 12/31/69	(j) Adjust as of 12			cess of col. (I) col. (J), If any					(from col. (		
8											
b											
C											
d											
e			<u> </u>								
2 Capital gain net income or (net ca	pıtal loss) {	If gain, also enter in If (loss), enter -0- in			}	2					
3 Net short-term capital gain or (los		ctions 1222(5) and (	(6):		٦١						
If gain, also enter in Part I, line 8,	column (c).				<b> </b>						
If (loss), enter -0- in Part I, line 8 Part V   Qualification U	nder Section	1010(a) for B	oduood	Tay on Not	100	3	ont Inc				
							ient int	Joine			
(For optional use by domestic private	iounuanons subje	Ci to the section 494	io(a) iax oii	net investment ir	icome.	.)					
If section 4940(d)(2) applies, leave the	iis part blank.										
Was the foundation liable for the sect	ion 4942 tay on th	a distributable amou	int of any ve	ar in the hace no	und2					Yes X No	
If "Yes," the foundation does not qual				•	lou.					163 [44] 110	
1 Enter the appropriate amount in a					ntries.						
(a)		(b)			(c)				Diotest	(d) ution ratio	
Base periód years Calendar year (or tax year beginnir	ng in) Adjus	ted qualifying distrit	outions	Net value of no		table-	use assets		(col. (b) divided by col. (c))		
2013		144	,383.			14	7,130	•			
2012			,073.			13	8,794	•	1.00201		
2011			,162.				1,908		. 43517		
2010			,150.				1,341		.08596		
2009		6	,075.			14	5,238	•		.041828	
	<del>.</del> .									-	
2 Total of line 1, column (d)								2		2.546305	
3 Average distribution ratio for the 5	5-year base period	- divide the total on	line 2 by 5,	or by the number	of yea	ırs					
the foundation has been in exister	nce if less than 5 ye	ars						3		.509261	
4 Enter the net value of noncharitab	la-uca accate for 2	01/I from Part Y June	5					4		155,072.	
4 Enter the net value of noncharitate	030 033013 101 2	014 11011111 art 75, 11116						-		133,012	
5 Multiply line 4 by line 3					5		78,972.				
S. Enter 19/ of not inventment income (19/ of Part I line 27h)								0.			
6 Enter 1% of net investment income (1% of Part I, line 27b)					6						
7 Add lines 5 and 6								7		78,972.	
· • •	8 Enter qualifying distributions from Part XII, line 4						8	l 	74,388.		
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the b	ox in Part VI, line 1b	, and comp	lete that part usin	g a 1%	6 tax r	ate				

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Part VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 4940(e), or 4	948	- see i	nstrı	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here  and e	nter "N/A" on line 1.					
Date of ruling or defermination letter: (attach copy of letter if nec	cessary-see instructions)		1			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► □ and enter 1%	1				0.
of Part I, line 27b	İ					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).	Ι,				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2				0.
3 Add lines 1 and 2		3				0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only 0	Others enter -0-)	4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6 Credits/Payments:			-			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	] '				
b Exempt foreign organizations - tax withheld at source	6b	] ′	1			
c Tax paid with application for extension of time to file (Form 8868)	6c	] ' '				
d Backup withholding erroneously withheld	6d	]`.	<u>l</u>		-,	
7 Total credits and payments. Add lines 6a through 6d		7	` ` `			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10				
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	Refunded ▶	11				
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate or intervene	ın			Yes	No
any political campaign?				18		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpor	ses (see instructions for the definition	)?		1b		X
If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities an	d copies of any materials publish	ed or				
distributed by the foundation in connection with the activities				- /-	,	_
c Did the foundation file Form 1120-POL for this year?				1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e year:			,		
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers	s. <b>▶</b> \$0.					ĺ ´
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed on foundation				1	
managers. ► \$ 0 .				. ت	· .	,
2 Has the foundation engaged in any activities that have not previously been reported to the If	RS?			2		X
If "Yes," attach a detailed description of the activities				*	5	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	instrument, articles of incorporation, o	or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ILS.			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•			5		X
If "Yes," attach the statement required by General Instruction T.				٨,		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ither:				-	
<ul> <li>By language in the governing instrument, or</li> </ul>				٠		
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	y directions that conflict with the state	e law				-
remain in the governing instrument?				6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete Part II, col (c), and Part X\	/		7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►					
NH						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation					Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of				9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ule listing their names and addresses			10		X

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X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid Independent contractors for professional services. If none, enter "NO	NE."	
• (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
3		
4		
D-AIV DIO		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines.	1 and 2	Amount
1 N/A	1 4110 2.	Amount
1 41/44		
——————————————————————————————————————		
2		
		<del>-</del>
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	0.

Part X	···	4994 Tugo V
Minimum Investment Return (All domestic foundations must complete this par	rt Foreign foundations, se	e instructions )
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	157,433.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	157,433.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	157,433.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,361.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	155,072.
6 Minimum investment return. Enter 5% of line 5	6	7,754.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations check here  and do not complete this part.)	g foundations and certain	
1 Minimum investment return from Part X, line 6	11	7,754.
2a Tax on investment income for 2014 from Part VI, line 5		<del></del>
b Income tax for 2014. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	7,754.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	7,754.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,754.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	,* - g	<del>-</del>
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	74,388.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	,	
a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	74,388.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,388.
Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the foundation qualifies for th	
4940(e) reduction of tax in those years.		

## Part XIII Undistributed Income (see instructions)

<del></del>				
·	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part VI	OOIPus	rears prior to 2010	2010	2014
1 Distributable amount for 2014 from Part XI, line 7				7,754.
-	-			1,734.
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only b Total for prior years:			0.	
b rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2014:				<del></del>
a From 2009		•		
	**			,
cFrom 2011 70,073. dFrom 2012 132,137.				
			,	
	344,323.			
f Total of lines 3a through e	344,323.			
4 Qualifying distributions for 2014 from	•		, * *	* .
Part XII, line 4: ►\$ 74,388.	-			_
a Applied to 2013, but not more than line 2a		. 1	0.	
b Applied to undistributed income of prior		.		,
years (Election required - see instructions)		0.		<del></del>
c Treated as distributions out of corpus		,		
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	
d Applied to 2014 distributable amount		<u> </u>		7,754.
e Remaining amount distributed out of corpus	66,634.	,		
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.	• •	,	0.
must be shown in column (a) )  6 Enter the net total of each column as				•
indicated below:		_		
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	410,957.		,	
b Prior years' undistributed income. Subtract	-	_		, ,
line 4b from line 2b		0.		
c Enter the amount of prior years'	•• •		. 4.	<b></b>
undistributed income for which a notice of deficiency has been issued, or on which			. `	, .
the section 4942(a) tax has been previously				*
assessed		0.	,	•
d Subtract line 6c from line 6b. Taxable			,	
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract		,		
lines 4d and 5 from line 1. This amount must	-	,	-	
be distributed in 2015	•			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	1			
section 170(b)(1)(F) or 4942(g)(3) (Election	İ			
may be required - see instructions)	0.	_		
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	410,957.			
10 Analysis of line 9:				
a Excess from 2010 5,087.				
b Excess from 2011 70,073.	1			
c Excess from 2012 132,137.				
dExcess from 2013 137,026.				
e Excess from 2014 66,634.				
423581 11-24-14				Form <b>990-PF</b> (2014)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year Catholic Charities New Hampshire None PC Purchase of food for 215 Myrtle Street the New Hampshire Food Manchester, NH 03104 10,000. Lazarus House None PC General Operating 412 Hampshire Street Support Lawrence, MA 01842 50,000. Salem High School Parents Music Club None PC Musical groups and Geremonty Drive performance travel Salem, NH 03079 expenses 1,000. St. Joseph Melkite Church None PC Replacement of church 241 Hampshire Street hall floor Lawrence, MA 01840 5,000. St. Joseph Regional Catholic School None PC Replacement of school 40 Main Street gymnasium floor Salem, NH 03079 5,000. See continuation sheet(s) Total ▶ 3a 74,000. b Approved for future payment None Total **▶** 3b 0. Form **990-PF** (2014)

Part XVI-A	Analysis o	of Income-Produ	icing Activities

512, 513, or 514	(e)
(d)	Related or exempt
nount	function income
<del>-</del>	- <del></del>
	<del></del>
	·
<del></del>	- <del></del>
159.	
	<del></del>
<del></del>	18m 1 1 1
	<del></del>
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#### Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes).	
	the foundation's exempt purposes (other than by provious for such purposes).	
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423621		DE (0011)
423621 11-24-14	Form 990	)-PF (2014)

Part X	VII Information Re Exempt Organ		and Transactions a	nd Relationships With Nonch	naritable
1 Did t		ectly engage in any of the followin	g with any other organization	n described in section 501(c) of	Yes No
		(3) organizations) or in section 52			2 2
		ation to a noncharitable exempt or	= '		
	Cash		•		1a(1) X
	Other assets				1a(2) X
<b>b</b> Othe					
(1)	Sales of assets to a noncharital	ble exempt organization			1b(1) X
(2)	Purchases of assets from a nor	ncharitable exempt organization			1b(2) X
	Rental of facilities, equipment,				1b(3) X
(4)	Reimbursement arrangements				1b(4) X
(5)	Loans or loan guarantees				1b(5) X
		mbership or fundraising solicitatio	ins		1b(6) X
c Shar	ing of facilities, equipment, ma	iling lists, other assets, or paid em	ployees		1c X
	• • • • •	•	• •	rays show the fair market value of the good	s, other assets,
or se	ervices given by the reporting fo			e in any transaction or sharing arrangemen	
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, a	nd sharing arrangements
(-/	(0)	N/A		(-,	
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ın se	•	tly affiliated with, or related to, one r than section 501(c)(3)) or in sect adule	• •	ations described	Yes X No
וו ע	(a) Name of org		(b) Type of organization	(c) Description of relatio	nship .
	N/A		1,7,21		
	Under penalties of perjury, I declare	that have examined this return, including	ng accompanying schedules and s	statements, and to the best of my knowledge	May the IRS discuss this
Sign Here	MA	Mully	in taxpayer) is based on all information $7/39/15$	ation of which preparer has any knowledge	return with the preparer shown below (see in str.)?  X Yes No
	Signature of officer or trustee		Date	Title	
	Print/Type preparer's na	ime (Preparer's s	ignature	Date Check if PTI	N
Paid	Nicholas E	. Porto Ma		self- employed P	00182972
Prepa Use O	rer Firm's name ▶ Bak	er Newman & Noy		Firm's EIN ► 01-	
	Firm's address ▶ Bo	x 507			
	Po	rtland, ME 0411	2	Phone no. (207	) 879-2100

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

**Employer identification number** 

	Salem	Commun	ity	Benefits,	Inc.	02-0499456		
Organization type (chec	k one) <sup>.</sup>							
Filers of:	Section	on:						
Form 990 or 990-EZ		501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political o	rganız	zation				
Form 990-PF	X	501(c)(3) exe	npt pr	vate foundation				
		4947(a)(1) no	nexem	npt chantable trust t	created as a private foundation			
		501(c)(3) taxa	ble pr	ivate foundation				
Check if your organization Note. Only a section 50° General Rule		·=			or both the General Rule and a Special R	ule. See instructions		
•	1(c)(7), (8),	or (10) organi	ation	can check boxes to	or both the General Rule and a Special R	ule. See instructions		
•	•				ed, during the year, contributions totalir instructions for determining a contributo	•		
Special Rules								
sections 509(a)	(1) and 170 outor, dum	0(b)(1)(A)(vi), t ng the year, to	at ch	ecked Schedule A ( ntributions of the gre	or 990-EZ that met the 33 1/3% supportion 990 or 990-EZ), Part II, line 13, 16a eater of (1) \$5,000 or (2) 2% of the amount	a, or 16b, and that received from		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
-	on Part IV	, line 2, of its	orm 9	990, or check the bo	the Special Rules does not file Schedule ox on line H of its Form 990-EZ or on its i 90, 990-EZ, or 990-PF)	·		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

Salem Community	Benefits	, Inc.
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Community Benefits, Inc.		2-0499456
Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
Salem Cooperative Bank  3 South Broadway  Salem, NH 03079	South Broadway \$ 100,000.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
J5-14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)  990, 990-EZ, or 990-PF) (2014)
	Contributors (see instructions). Use duplicate copies of Part I  (b)  Name, address, and ZIP+4  Salem Cooperative Bank  3 South Broadway  Salem, NH 03079  (b)  Name, address, and ZIP+4  (b)  Name, address, and ZIP+4  (b)  Name, address, and ZIP+4  (b)  Name, address, and ZIP+4	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.       (b) Name, address, and ZIP + 4     Total contributions       Salem Cooperative Bank     \$ 100,000.       3 South Broadway     \$ 100,000.       Salem, NH 03079     (c)       (b) Name, address, and ZIP + 4     Total contributions       (c) Name, address, and ZIP + 4     Total contributions       (b) Name, address, and ZIP + 4     Total contributions       (c) Total contributions     \$

Name of organization

Employer identification number

Salem Community	Benefits, Inc.	02-0499456

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

Name of org	anization		Employer identification number	
Salem	Community Benefits, In	c.	02-0499456	
Part III	completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 o	od in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year (Enter this into once)	or
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Parti				
				_
		(e) Transfer of gif	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				_
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				_
_		(e) Transfer of gif	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				_
	<b>-</b>	(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				<del></del>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				_
				_
	Transferacio namo addresa	(e) Transfer of gif		
	Transferee's name, address, a	110 ZIF + 4	Relationship of transferor to transferee	
				<u> </u>
423454 11-05	-14	<u> </u>	Schedule B /Form 990, 990-F7, or 990-PF) (	2014

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	CONTRIBUTION	Amount
St. Patrick School	None	PC	Purchase of SmartBoard	
6 Main Street			at the school	
Pelham, NH 03076				3,00
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		1		
Total from continuation sheets		1		3,00

Form 990-PF	Accounting Fees			Statement 1	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting Fees	625.	312.		313.	
To Form 990-PF, Pg 1, ln 16b	625.	312.		313.	
Form 990-PF	Other E	xpenses	St	tatement 2	
Form 990-PF Description	(a)	(b) Net Invest-	(c) Adjusted	(d)	
	(a) Expenses	(b) Net Invest- ment Income	(c) Adjusted	(d) Charitable	

Form 990-PF Part VIII - List Trustees and	of Officers, I Foundation Mana		Statement 3	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
David Beshara	Director			
<pre>c/o Salem Community Benefits, Inc. 3 South Broadway Salem, NH 03079</pre>	0.10	0.	0.	0.
John Korbey	Director			
<pre>c/o Salem Community Benefits, Inc. 3 South Broadway Salem, NH 03079</pre>	0.10	0.	0.	0.
James Rausch	Director			
<pre>c/o Salem Community Benefits, Inc. 3 South Broadway Salem, NH 03079</pre>	0.10	0.	0.	0.
Nadema Gemmell	Chairman			
<pre>c/o Salem Community Benefits, Inc. 3 South Broadway Salem, NH 03079</pre>	0.10	0.	0.	0.
Ann R. Lally	Treasurer & Se	ecretary		
c/o Salem Community Benefits, Inc. 3 South Broadway Salem, NH 03079	0.10	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	0.	0.	0.