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DLN: 93493015016000

# Form 990

# **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)

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

-							
			r, or tax year beginning 03-01-2008  C Name of organization	and ending 02-28-200	9	D Employer ider	ntification number
_	eck if ap	ricase	COMMUNITY ACTION PROGRAM BELKNAP &	ι			
Ado	dress cha	ange use IRS label or	MERRIMACK COUNTIES INC Doing Business As			02-0270376 E Telephone nui	
- Na	me chan		Doing Business As			L releptione na	IIDCI
– <sub>Ind</sub>	tıal returi	type. See n Specific	Number and street (or P O box if mail is no		ess) Room/suite	(603) 225-3	
– Tei	mınatıor	Instruc- tions.	PO BOX 1016	or delivered to street dudie	.ssy Room, sake	G Gross receipts	\$ \$ 24,266,813
_			Characteristics and TID and				
	nended re		City or town, state or country, and ZIP + 4 CONCORD, NH 033021016				
Ap	plication	pending	,				
		<b>F</b> Na	me and address of Principal Officer		H(a) Is thu	• s a group return 1	for
			LITTLEFIELD		affilia		┌ Yes
			X 1016 ORD,NH 033021016				
Ta	ıx-exemi	•	(i) (3) <b>◄</b> (insert no )	527	` '	l affiliates include	•
	ix exem	pr status   10 301(0	(insert no )   +547(a)(1) (i)				See instructions )
W	eb site	∷ ► WWW BM-CA	PCOM		H(c) Grou	p Exemption Nun	nber 🟲
					<del></del>		
(Тур	e of orga	anızatıon	tion trust association other 🕨		<b>L</b> Year of Fo	rmation 1965   M S	state of legal domicile NH
Pa	rt I	Summary					
			ne organization's mission or most signif	ficant activities			
			PPORT SERVICES TO LOW INCOME			WO COUNTY DE	CION
۷		TO PROVIDE 30	PPORT SERVICES TO LOW INCOME	AND ELDERLI CLIE	NISIN INE I	WO COONTI KI	GION
Ě							
Sauvellidilice	2	Check this box 🦵	if the organization discontinued its ope	erations or disposed o	of more than 2	5% of its assets	
	3	Number of voting	members of the governing body (Part V	/I, line 1a)		3 _	14
5	4	Number of indepe	ndent voting members of the governing	body (Part VI, line 1	b)	. 4	14
<u> </u>			mployees (Part V, line 2a)		,		559
			olunteers (estimate if necessary) .			6	453
ACIIVIII 65 Q			ited business revenue from Part VIII, l			_	0
•		•	iness taxable income from Form 990-7	•	76 <u> </u>	0	
	Ь.	Net amerated bus	mess taxable income nominomin 990-1	, illie 34			
					Prio	or Year	Current Year
a)	8		d grants (Part VIII, line 1h)			21,742,129	23,893,502
Ē	9	Program service	revenue (Part VIII, line 2g)			307,915	362,496
Revenue	10	Investment inco	me (Part VIII, column (A), lines 3, 4, a	and 7d)		13,691	10,815
<b>—</b>	11	Other revenue (F	Part VIII, column (A ), lines 5, 6d, 8c, 9			0	
	12		dd lines 8 through 11 (must equal Part	е	22.062.725	24.266.042	
		12)				22,063,735	24,266,813
	13		ar amounts paid (Part IX, column (A), l			3,796,336	6,212,260
	14	Benefits paid to	or for members (Part IX, column (A), lir	ne 4)			0
ø	15		ompensation, employee benefits (Part	IX, column (A), lines	5 –	0.503.010	0.443.390
ው ማ		10)				9,592,019	9,443,380
Expenses	16a	Professional fund	draising fees (Part IX, column (A), line	11e)			0
ਨੀ	ь	(Total fundraising ex	penses, Part IX, column (D), line 25 0	)			
_	17	Other expenses	(Part IX, column (A), lines 11a-11d, 1	l 1 f-24 f)		8,856,240	8,651,033
	18	Total expenses-	-add lines 13–17 (must equal Part IX,	line 25, column (A))		22,244,595	24,306,673
	19	Revenue less ex	penses Subtract line 18 from line 12			-180,860	-39,860
5 °					Beginni	ng of Year	End of Year
9 8	20	Total accets (D-	rt V June 16)		<b>-</b>		
300		Total assets (Pa	,			9,334,317	10,598,278
net Assets ta Fund Balances	21	Total liabilities (	Part X, line 26)			6,271,639	7,575,460
2 II	22	Net assets or fu	nd balances Subtract line 21 from line	20		3,062,678	3,022,818
Pai	rt II	Signature Bl	ock				
			erjury, I declare that I have examined this retui				
		and belief, it is true,	correct, and complete Declaration of preparer	(other than officer) is base	d on all informat	ion of which prepare	r has any knowledge
Plea Sigr		****** Signature of office				-01-14	
ler		, Signature of office	ei		Date		
	_		LD EXECUTIVE DIRECTOR				
		Type or print nar	ne and title				
		Preparer's	D		Check If	Preparer's PTIN (S	Gee Gen Inst )
Paid		signature			self- empolyed 🕨 🦵		
uIU			s LEONE MCDONNELL & ROBERTS PA		emporyeu F		
)ren	arer'e <sup>†</sup>	Firm's name (armeric	S = TELINIE WILLIAM BUNDELL & BUNDELL S PA				
	arer's Only	Firm's name (or your if self-employed),	P			EIN 🕨	
•	arer's Only	` '	P				0) 740 075-
•		ıf self-employed),	P			Phone no • (60	3) 749-2700

# Part III Statement of Program Service Accomplishments (See the instructions.)

the prior form 990 or 990-E27		Briefly describe the organization TO PROVIDE SUPPORT SERVICE		ELDERLY CLIENTS IN THE T	TWO COUNTY REGION		
3 Did the organization cease conducting or make significant changes in how it conducts any program services?  Services?  4 Describe the exampt purpose achievements for each of the organization's three largest program services by expenses Section 501 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 Describe the exampt purpose achievements for each of the organization's three largest program services by expenses Section 501 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 Describe the exampt purpose achievements is a service reported.  4 Describe the exampt purpose achievements is and allocations to others, the total expenses is a service reported.  4 Describe the exampt purpose achievements is and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses is an allocations to others.  4 Describe the exampt purpose achievements is an allocation to report the amount of grants and allocations to others.  4 Describe the exampt purpose achievements is an allocation to require the amount of grants and allocations to others.  4 Describe the exampt purpose achievement is an allocation to report the amount of grants and allocations to others.  4 Describe the exampt purpose achievement is an allocation to report the amount of grants and allocations to others.  4 Describe the exampt purpose achievement is an allocation to report the amount of grants and allocations to report the amount of grants and allocations to others.  4 Describe the exampt purpose achievement is an allocation to report the amount of grants and allocations to repor	2					n were not listed on	Yes V No
services?							
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 23,411,680 including grants of \$ 6,212,260) (Revenue \$ 373,311)  PROVIDING SUPPORT SERVICES TO LOW INCOME AND ELDERLY CLIENTS IN THE TWO COUNTY REGION  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	3	services?			in how it conducts	any program	Yes 🔽 No
Section 501(c)(3) and (4) organizations and 4947(a)(1). Trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 23,411,680 including grants of \$ 6,212,260.) (Revenue \$ 373,311.) PROVIDING SUPPORT SERVICES TO LOW INCOME AND ELDERLY CLIENTS IN THE TWO COUNTY REGION  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )			_				
### PROVIDING SUPPORT SERVICES TO LOW INCOME AND ELDERLY CLIENTS IN THE TWO COUNTY REGION  #### (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  ##################################	4	Section 501(c)(3) and (4	) organizations and 4	1947(a)(1) trusts are	required to report		
4c       (Code       ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a						373,311 )
4c       (Code       ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
	4b	(Code	) (Expenses \$	ıncluding g	grants of \$	) (Revenue \$	)
	4c	(Code	) (Expenses \$	ıncludıng g	grants of \$	) (Revenue \$	)
Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4d	· -		•	) (	Revenue \$	)
4e Total program service expenses \$ 23,411,680 Must equal Part IX, Line 25, column (B).	4e	Total program service e	xpenses \$	23,411,680 Must	equal Part IX, Line 2	25, column (B).	

art IV	Checklist of	Required	Schedules
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			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? 🕏	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? 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 United States? If "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 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? If "Yes," complete Schedule  J	23		Νο
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 question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	;				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	228			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to	vend	lors and reportable	4	V	
<b>3</b> -	gaming (gambling) winnings to prize winners?	٠,		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	559			
b	If at least one is reported in 2a, did the organization file all required federal employme  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this is	ent ta	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?			3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	· ·		3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a sig			36		
та	over, a financial account in a foreign country (such as a bank account, securities account)?		-	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Repo	ort of	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited ta	axsh	elter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	Entit	y Regarding Prohibited	_		
_	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
D	If "Yes," did the organization include with every solicitation an express statement tha were not tax deductible?	t suc	n contributions or giπs	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contr more?	ıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	vide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal propert	y for	which it was required to	_		
	file Form 8282?	I		7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay penefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 88	399 a	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	e a F	orm 1098-C as			
	required?	•		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a spexcess business holdings at any time during the			•		N -
	year?			8		Νο
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		No
10	Section 501(c)(7) organizations. Enter					
		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in I	lieu o	f Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				

8

Section A. Governing Body and Management

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.							
а	Enter the number of voting members of the governing body	1a	14					
h	Enter the number of voting members that are independent	1h	1.4					

b	Enter the number of voting members that are independent	1b		14
	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?		•	•

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?

•		•					-				
Did the or	rganızatıon	make any	significant	change	s to its	organizationa	l documents	since t	he prior Fo	rm 990	wa
filed? .											

;	Did the organization become aware during the year of a material diversion of the organization's assets?		
	December and an extension become an extension and the library of t		

Does the organiza	111011	II a v	e illei	libela	01 310	CKIIOI	ueis.				•	•		•	•	•	•		•	• [
Does the organiza	tion	hav	e mer	nbers	, stoc	kholde	rs, o	r othe	r pers	ons	who	may	elec	tone	ori	nore	me	mbers	oft	he
governing body?																				

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\ \ .$	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	

) id the organizati	ion contemporaneously	document the	meetings held	l or written action	s undertaken during the
ear by the follow	ring				

3	the governing body?																				
Ь	each committee with	autl	hori	ty to	оас	t or	ı be	half	oft	he o	ove	ernır	ng b	ody'	٠.						

	Does the organization have local chapters, branches, or anniates.	•	•	•	•	•	•	•	•	•	•	•	•
b	If "Yes," does the organization have written policies and procedures	go	vern	ııng	the	act	ıvıtı	es	ofsu	ıch	cha	pte	rs,
	affiliates, and branches to ensure their operations are consistent wi	th t	hose	e of	the	ora	anız	atio	on?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or 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

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does 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		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section 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 make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes 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

KATHY LAVIGNE PO BOX 1016 CONCORD, NH 033021016 (603) 225-3295

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee											
		Posit tl	(C non ( hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
BRIAN HOFFMAN, DEPUTY DIRECTOR	40 00	Х						98,029	0	14,495	
RALPH LITTLEFIELD, EXECUTIVE DIRECTOR	40 00	Χ						108,922	0	21,781	
SARA LEWKO, PRESIDENT	5 00	Х		Х				0	0	0	
CHARLES RUSSELL, VICE PRESIDENT	5 00	Χ		Х				0	0	0	
DENNIS MARTINO, SECRETARY-CLERK	5 00	Χ		Х				0	0	0	
MARILYN ROSS, TREASURER	5 00	Χ		Х				0	0	0	
HEATHER BROWN , BOARD MEMBER	2 00	Χ						0	0	0	
KATHLEEN CRANE, BOARD MEMBER	2 00	Χ						0	0	0	
SUSAN KOERBER, BOARD MEMBER	2 00	Х						0	0	0	
PHILIP DAIGNEAULT , BOARD MEMBER	2 00	Χ						0	0	0	
DEBORAH LAPIERRE , BOARD MEMBER	2 00	Χ						0	0	0	
JOHN HOAR , BOARD MEMBER	2 00	Χ						0	0	0	
WANDA BOURGEOIS , BOARD MEMBER	2 00	Х						0	0	0	
KAREN PAINTER , BOARD MEMBER	2 00	Х						0	0	0	
THERESA CROMWELL, BOARD MEMBER	2 00	Х						0	0	0	
KRISTEN HEWEY, BOARD MEMBER	2 00	Χ						0	0	0	

#### Part VIII Continued

		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total								206,951		36,276

- Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Nο For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Νo Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . 5 Nο

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Name and business address	Description of services	Compensation
LESLIE GOUMILLOUT 29 CIRCLE DRIVE WEST FRANKLIN, NH 03235	BUILDING & CONSTRUCTION	282,081
CYNTHIA A LEWIS 20 SHEEP DAVID ROAD PEMBROKE, NH 03275	BUILDING & CONSTRUCTION	110,000
2 Total number of independent contractors (including those in 1) who received mo	ore than \$100,000 in compensation	

Part Stat

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a	182,358		Revenue		312, 313, 01 314
発	ь	Membership d	lues					
<u>E</u> ≣			1b					
S,€	С	Fundraising ev	vents <b>1c</b>					
#਼ੁੱਛ	d	Related organ	ızatıons1d					
ω, E	e	Government grar	nts (contributions) <b>1e</b>	18,935,883				
ior R	f	All other contribu	tions, gifts, grants, and	4,775,261				
ë Fe		sımılar amounts ı	not included above					
Contributions, gifts, grants and other similar amounts	g		rıbutıons ıncluded ın					
ပည			es 1a-1f)		23,893,502			
	h	Total (Add III	es 1a-11)	<u> </u>				
œ.				Business Code				
ETC.	2a	CLIENT FEES		624,100	251,595			
₽	ь	FARE/TICKET RE	VENUE	485,000	110,901	110,901		
- 63  -	С							
er E	d							
S =	e							
ଫୁଆ	f	All other prog	ram service revenue					
Program Service Revenue	g	Total. Add line	es 2a-2f	·				
		<b>►</b> \$ 362,496						
	3		icome (including divid	·	9,215	9,215		
		other similar a	amounts)		9,215	9,215		
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(u) O thor				
	7a	Gross amount	(i) Securities	(II) O ther 1,600				
		from sales of assets other						
		than inventory Less cost or						
	ь	other basis and						
	С	sales expenses Gain or (loss)		1,600				
	d	Net gaın or (lo	oss)	_	1,600	1,600		
	8a		6	. •				
	oa	events (not in	from fundraising cluding					
<u>e</u>		\$						
듄		of contribution 1c) See Part	ns reported on line IV, line 18					
ě		Attach Schedul	le G ıf total exceeds					
<u>.</u>			a					
Other Revenue	b c		xpensesb r(loss) from fundraisi	ing events				
0				ing events ▶				
	9a	Gross income activities See	from gaming part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	00 <b>a</b>					
	ь	Less directe	xpensesb					
	С		(loss) from gaming a	activities				
				<b>•</b>				
	10a	Gross sales o returns and al	f inventory, less lowances					
			a					
	ь	Less cost of	goods sold <b>b</b>					
	С		(loss) from sales of	inventory				
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other reve	nue					
	е	Total. Add line		\$				
	12	<b>Total Revenue</b> 8c,	<b>e.</b> Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	24,266,813	373,311	0	0
	1	_ '		_ L				ı l

# 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).								
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21							
2	Grants and other assistance to individuals in the U S See Part IV, line 22	6,212,260	6,212,260					
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	246,296		246,296				
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	7,322,370	7,103,952					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	313,921	290,434	23,487				
9	Other employee benefits	973,623	912,005	61,618				
10	Payroll taxes	587,170	540,196	46,974				
11	Fees for services (non-employees)							
а	Management							
ь	Legal	14,015	13,556	459				
С	Accounting	33,808	18,633	15,175				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion							
13	Office expenses	241,900	212,179	29,721				
14	Information technology							
15	Royalties							
16	Occupancy	761,631	704,706	56,925				
17	Travel	286,625	285,108	1,517				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	14,981	3,283	11,698				
20	Interest	147,827	140,224	7,603				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	612,323	584,729	27,594				
23 24	Insurance							
	total expenses shown on line 25 below )		- A					
	OTHER EXPENSES	5,865,292	5,818,562	46,730				
Ь	UTILITY AND MAINTENANCE INSURANCE	307,116	247,551	59,565				
c d	TELEPHONE	160,118	154,235	5,883				
_	POSTAGE AND SHIPPING	114,937	94,553	20,384 807				
e f		52,528	51,721					
	All other expenses  Total functional expenses. Add lines 1 through 24f	37,932	23,793	14,139				
25 26	Joint Costs. Check Tif following SOP 98-2 Complete this	24,306,673	23,411,680	894,993	(			
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A)		(B	-
	1	Cook non interest hearing			Beginning of year 773.062	1	End of	1,280,680
		Cash—non-interest-bearing			773,002	-		1,200,000
	2	Savings and temporary cash investments				3		
	3	Pledges and grants receivable, net			2 405 760	-		2 705 220
	4	Accounts receivable, net		2,495,769	4		3,795,230	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		ployees or		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges			248,791	9		131,056
Assets	10a	Land, buildings, and equipment cost basis						
⋖	_		10a	9,375,620				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	4,681,348	5,152,810	10c		4,694,272
	11	Investments—publicly traded securities	•		11			
	12	Investments—other securities See Part IV, line 11 $Complete Passive Schedule D$	art VII of			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			663,885	15		697,040
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,334,317	16	1	0,598,278
	17	Accounts payable and accrued expenses .			780,506	17		909,060
	18	Grants payable				18		
	19	Deferred revenue			1,169,040	19		1,789,487
	20	Tax-exempt bond liabilities				20		
e S	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ė.		persons Complete Part II of Schedule L		-		22		
_	23	Secured mortgages and notes payable to unrelated third parties			2,799,606	23		2,658,072
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			1,522,487	25		2,218,841
	26	Total liabilities. Add lines 17 through 25			6,271,639	26		7,575,460
e S		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete lines	s 27				
Ĭ	27	Unrestricted net assets			2,517,875	27		2,326,046
Balance	28	Temporarily restricted net assets			544,803			696.772
	29	Permanently restricted net assets			011,000	29		000,112
Fund	23	Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d comple	te		23		
٥		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances			3,062,678	_		3,022,818
	34	Total liabilities and net assets/fund balances			9,334,317	34	1	0,598,278
Pa	rt XI	Financial Statements and Reporting						
				_			Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1	FINANCIAL	Statements	ann R	emmetiliki.

	_			
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	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

**Public Charity Status and Public Support** 

OMB No 1545-0047

# **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990EZ) To be completed by all section 501(c)(3) organizations and section 4947(a)(1)Department of the Treasury nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

COMM	UNITY A		RAM BELKNAP &					Em	ployer ide	nt if icat ior	n nun	nber	
		COUNTIES INC							-0270376				
	rt I			harity Status (to be co					Instruct	ions)			
The c	organız —			ation because it is (Please									
1	<u> </u>			nurches, or association of ch			Section 1	L70(b)(1)(	(A)(i).				
2	<u>_</u>	A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ıle E )							
3		A hospital	or a cooperative	e hospital service organizati	on describ	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H )		
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	( <b>A</b> )(iii). E	nteri	the	
		hospital's r	name, city, and	state									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt descr	ıbed	ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )									
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).				
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ralpı	ublic	
		described i	n <b>Sect ion 170(</b>	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ıs, membe	rship fees	, and	gros	s
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2	) no more	than 331/	3% o	f	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	() from bus	ines	ses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	e instruct	ions	)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to c	arry out th	ne pu	ırpos	es of
				orted organizations describe type of supporting organiza						Section 50	)9(a)	(3).	Check
		аГ⊺	ype I <b>b</b>	Type II c	Type III	- Functio	nally Integ	ırated	d	Гтуре	III -	Oth	er
е	Γ	•	foundation man	rtify that the organization is agers and other than one or						-			
f		If the organ	nization receive	d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportin	g org	anıza	ation,
-		check this		as the organization accepte	d any dift i	or contrib	ution from	any of the					ı
g		following pe		as the organization accepte	a any gne	or contrib	ation nom	any or the					
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Г	/es	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g(	i)		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	ii)		
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				<b>11</b> g(i	ii)		
h		Provide the	following inform	nation about the organizatio	ns the org	janization	supports					<u> </u>	
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the			ount of
		orted		(described on lines 1-9 above or IRC section		ation in listed in		nization	_	ation in	S	uppo	rt?
	Organ	ızatıon		(See Instructions)		verning	supp	) of your		rganized US?			
	document?												
					Yes	No	Yes	No	Yes	No			

Total

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,467,080	20,362,358	21,038,774	22,050,044	2	24,255,998	107,174,254
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	19,467,080	20,362,358	21,038,774	22,050,044	2	24,255,998	107,174,254
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							107,174,254
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	<b>(f)</b> Total
7	A mounts from line 4	19,467,080	7,468	21,038,774	22,050,044	2	4,255,998	107,174,254
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	6,762	7,468	6,236	13,691		10,815	44,972
9 10	Net income from unrelated business activities, 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 )							
11	Total Support (Add lines 7 through 10)							107,219,226
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13	<b>First Five Years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>	organızatıon's fir	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(	3)	▶┌
C	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		<b>99.960</b> %
15	5 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f							99.940 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp d not check the b	orted organizati oox on line 13 o	on r 16a, and line 1				
b	box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> It more, and if the organization meets the "facts and circumst <b>10% Facts and Circumstances Test - 2007.</b> It more, and if the organization meets the "facts and circumstances and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organization meets the "facts and circumstances Test - 2007. It more than the organiza	If the organization its and circumst ances" test. The If the organization its and circumst mstances" test.	on did not check ances" test, che corganization qu on did not check ances" test, che The organizatio	a box on line 1: eck this box and ualifies as a pub a box on line 1: eck this box and in qualifies as a	stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp publicly suppor	laın ın organı: 17a an laın ın ted org	Part IV ho zation id line 15 Part IV ho janization	ow the Is 10% or Is 10% or Is
18	<b>Private Foundation.</b> If the organization did	not check the bo	x on line 13, 16	ia, 16b, 17a or :	17b, check this	box ar	ıd see	▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** COMMUNITY ACTION PROGRAM BELKNAP & MERRIMACK COUNTIES INC 02-0270376 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of

- art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2008

ne organization's accession and other heck all that apply)  folic exhibition  foliarly research  servation for future generations  a description of the organization's co  the year, did the organization solicit of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds rather than the control of the solid to raise funds and complete in the solid that the solid to raise funds and complete in the soli	or receive donations of o be maintained as pa Arrangements. Conount on Form 990, ian or other intermediate the following table orm 990, Part X, line 2	thow art, or of part ary for a	they they the the	Loan or excl Other further the ot torical treasu organization e if the orga , line 21.	hange programs organization's ex ires or other sim 's collection? inization answ	empt purpo nilar ered "Yes'	ose in	'es rm 99 'es	<b>┌ No</b> 90, <b>┌ No</b>
servation for future generations a description of the organization's co he year, did the organization solicit or to be sold to raise funds rather than to rust, Escrow and Custodial A eart IV, line 9, or reported an am rganization an agent, trustee, custod d on Form 990, Part X? " explain why in Part XIV and comple ing balance ins during the year utions during the year balance organization include an amount on For explain the arrangement in Part XIV indowment Funds. Complete i	or receive donations of o be maintained as pa Arrangements. Conount on Form 990, ian or other intermediate the following table orm 990, Part X, line 2, f the organization a	how art, rt of par Par	his the lete	Other  further the of  torical treasu  organization  if the orga  , line 21.	organization's expressions or other simple control of the control	empt purpo nilar ered "Yes'	ΓΥ " to For	rm 99	90,
servation for future generations a description of the organization's co he year, did the organization solicit of the sold to raise funds rather than the solicit of the sold to raise funds rather than the solicit of the sold to raise funds rather than the solicit of the sold to raise funds rather than the solicit of the solicit of the sold to sold the solicit of th	or receive donations of o be maintained as pa Arrangements. Conount on Form 990, ian or other intermediate the following table orm 990, Part X, line 2 of the organization a	rt of part, rt of Par Par for for for for for for for for for fo	his the lete	further the of torical treasu organization e if the orga , line 21.	ires or other simes collection? Inization answers or other assets in the collection and the collection answers in the collection and the collectio	nilar ered "Yes'	ΓΥ " to For	rm 99	90,
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ndowment Funds. Complete	f the organization a	ınsw					ΓY	es	│ No
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ng of vear balance	(a)Current Year	/1 \ \ D							
ng of vear balance I		<b>(b)</b> P	rior Y	rear   (c) iw	o Years Back (d)	Three Years B	аск <b>(е)</b>	our Ye	ars Back
utions									
nent earnings or losses									
or scholarships									
grams									
strative expenses									
earbalance									
the estimated percentage of the year	r end balance held as								
esignated or quasi-endowment 🕨									
ent endowment 🕨									
dowment 🕨									
e endowment funds not in the posses	ssion of the organization	on th	nat a	re held and a	dmınıstered for	the	_		
·						г		Yes	No
lated organizations		٠	•			<b>-</b>	<del></del>		<u> </u>
-						[			
• • • •	·					[	<u> 3b</u>		<u> </u>
					art V lina 10				
iivestillents—Land, Buildings	s, and Equipment	. <u>3e</u>					$\overline{}$		
Description of investment					basis (other)	(c) Deprecia	ation (	( <b>d)</b> Boo	ok value
		Ĺ			479,676	١	L		479,676
					3,802,610	34	⊦8,278		3,454,332
d improvements					123,621		9,666		113,955
nt				·	4,969,713	4,32	:3,404		646,309
<u> </u>									
	rm 990, Part X, column	(B),	line	10(c).)	<u> </u>	▶			4,694,272
9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	esignated or quasi-endowment here ent endowment here endowment funds not in the possessation by lated organizations	grams	grams	grams	grams	grams	grams	grams	grams

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
INVESTMENT CONSTRUCTION IN PROCESS			34,250
CONSTRUCTION IN PROCESS	TING		88,998
ACCOUNTS RECEIVABLE - PEMBROKE ELDERLY HOUS	SING		434,351
DUE FROM RELATED PARTY			139,441
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		697,040
Part X Other Liabilities. See Form 990, Part 1		· · · · · · · · · · · · · · · · · · ·	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED EXPENSE	2,218,841		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,218,841		

Par	XI Reconciliation of Cl	hange in Net Assets from Forn	n 99	0 to	Financial Statemeı	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	24,266,813
2	Total expenses (Form 990, Part IX, column (A), line 25)						24,306,673
3	Excess or (deficit) for the year		3	-39,860			
4	Net unrealized gains (losses) oi		4				
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	0
10	Excess or (deficit) for the year i	per financial statements Combine lines	s 3 ar	nd 9		10	-39,860
Part		evenue per Audited Financial			nts With Revenue p	er R	eturn
1	Total revenue, gains, and othe	-			•		25,530,912
	statements					1	
2		t not on Form 990, Part VIII, line 12		l _	I		
a	Net unrealized gains on invest		•	2a			
Ь	Donated services and use of fa			2b	1,264,099		
С	Recoveries of prior year grants		•	2c			
d	Other (Describe in Part XIV)		•	2d			
e	Add lines <b>2a</b> through <b>2d</b>					2e	1,264,099
3	Subtract line <b>2e</b> from line <b>1</b> .		•			3	24,266,813
4		0, Part VIII, line 12, but not on line 1		l _	I		
а		uded on Form 990, Part VIII, line 7b	•	4a			
Ь	Other (Describe in Part XIV)			4b			
С	Add lines <b>4a</b> and <b>4b</b>		•			4c	0
5		d 4c. (This should equal Form 990, Pari				5	24,266,813
1	Total expenses and losses per	<b>xpenses per Audited Financial</b> audited financial statements	Sta	teme	ents with expenses	s per	25,570,772
2		t not on Form 990, Part IX, line 25	•	•		<del>-</del>	23,370,772
a	Donated services and use of fa			2a	1,264,099		
b			• •	2b	1,204,033	1	
c	Prior year adjustments					1	
d			•	2d		1	
e	Add lines 2a through 2d		•			2e	1,264,099
3	Subtract line 2e from line 1 .		•			3	24,306,673
4		D, Part IX, line 25, but not on line <b>1:</b>	•	• •		بُ	24,300,073
а		uded on Form 990, Part VIII, line 7b		4a			
a b			• •	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>		•	40		4c	0
5		nd <b>4c.</b> (This should equal Form 990, Pa	et Tolo			5	24,306,673
	t XIV Supplemental Inf		111,1	ille 10	<u>,</u>		24,300,073
Com	plete this part to provide the des	criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XI				art XI\	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

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OMB No 1545-0047

DLN: 93493015016000

Schedule I

(Form 990)

Governments and Individuals in the U.S.

**Grants and Other Assistance to Organizations,** 

Open to Public Inspect ion

Department of the Treasury Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

COMMUNITY ACTION PROGR	AM REIKNAP &						
MERRIMACK COUNTIES INC	AM BEEKNAT Q					02-0270376	
Part I General Inform	nation on Gran	its and Assistance	2			•	
<ul><li>Does the organization ma the selection criteria used</li><li>Describe in Part IV the or</li></ul>	d to award the gran	ts or assistance?					F Yes □ ا
	V, line 21 for an edule I-1 if addit	y recipient that receional space is			tes. Complete if the oif no one recipient rec		
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC 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
2 Enter total number of sectorganizations		=			•		

Enter total number of other organizations.

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> 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
HOUSING ASSISTANCE TO LOW INCOME INDIVIDUALS	6	4,110			
ASSISTANCE TO LOWINCOME INDIVIDUALS TO PREVENT HOMELESSNESS	887	243,087			
FUEL ASSISTANCE TO LOW INCOME AND ELDERLY INDIVIDUALS	6127	5,965,063			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE PROGRAM DIRECTORS MAINTAIN RECORDS OF INDIVIDUALS RECEIVING ASSISTANCE AND THE PROCESS USED TO DETERMINE ELIGIBILITY UNDER THE GRANTS

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DLN: 93493015016000

OMB No 1545-0047

Open to Public <u>Inspection</u>

## **SCHEDULE M** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization COMMUNITY ACTION PROGRAM BELKNAP & MERRIMACK COUNTIES INC

Employer identification number

02-0270376

26	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	( <b>d</b> ) Method of de reven	etermı	nıng	
1	Art—Works of art	<u>'</u>						
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
•	goods	X		36,284	FAIR MARKET VAL	UE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
	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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	· .	ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at					 	 	
	least three years from the date of for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		Νο
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
b 33	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

<b>Supplemental Information.</b> 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	ReturnReference	Explanation			
	Notarii Notari				

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DLN: 93493015016000

COLLED I II E O

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		BOARD OF DIRECTORS WILL REVIEW THE FINAL 990 BEFORE FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FORMS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		AS IN ALL PRIOR YEARS, THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE AUDIT

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

Cat No 51056K

Schedule O (Form 990) 2008