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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL ASSOCIATION OF COUNCILS ON DEVELOPMENTAL DISABILITIES		D Employer identification number 16-1646154
		Number and street (or P O box, if mail is not delivered to street address) 1660 L STREET, NW		E Telephone number 703-739-4400
		Room/suite 700	F Group Exemption Number ☐	
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036-5638		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ☐I Website: **WWW.NACDD.ORG**H Check ☐ if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 905,137.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	371,866.
	2	Program service revenue including government fees and contracts	2	64,259.
	3	Membership dues and assessments	3	463,275.
	4	Investment income	4	2,040.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost of other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue from gaming (attach schedule)	6a	
Expenses	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe OTHER REVENUE)	8	3,697.
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	905,137.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	389,746.
	13	Professional fees and other payments to independent contractors	13	139,205.
	14	Occupancy, rent, utilities, and maintenance	14	34,336.
	15	Printing, publications, postage, and shipping	15	9,460.
	16	Other expenses (describe SEE STATEMENT 1)	16	315,996.
	17	Total expenses. Add lines 10 through 16	17	888,743.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,394.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	216,261.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	232,655.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	278,167.	328,711.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 2)	146,528.	68,528.
25 Total assets	424,695.	397,239.
26 Total liabilities (describe SEE STATEMENT 3)	208,434.	164,584.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	216,261.	232,655.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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What is the organization's primary exempt purpose? SEE STATEMENT 8

Expenses
(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts, optional
for others)

(Grants \$ _____) If this amount includes foreign grants, check here

28a	314,667.
-----	----------

(Grants \$) If this amount includes foreign grants, check here

29a	171,463.
-----	----------

(Grants \$ _____) If this amount includes foreign grants, check here

30a	90,184.
-----	---------

(Grants \$ _____) If this amount includes foreign grants, check here

31a	
-----	--

32	576,314.
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[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
section 4912	0.	
section 4955	0.	
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The books are in care of	PATRICIA BROWN	
Located at	1660 L STREET, NW, SUITE 700, WASHINGTON, DC	
Telephone no	703-739-4400	
ZIP + 4	20036-5638	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	43	
and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

**NATIONAL ASSOCIATION OF COUNCILS ON
DEVELOPMENTAL DISABILITIES**

16-1646154

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000		▶		

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer Date 8/5/10 Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date 8/4/10	Check if self-employed ☐	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930		EIN ▶ Phone no ▶ (301) 951-9090	

May the IRS discuss this return with the preparer shown above? See instructions. ▶ ☒ Yes ☐ No

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization	NATIONAL ASSOCIATION OF COUNCILS ON DEVELOPMENTAL DISABILITIES
---------------------------------	--

Employer identification number
16-1646154

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
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The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

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

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

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

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

h ☐ Provide the following information about the organizations the organization supports:

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

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2008

NATIONAL ASSOCIATION OF COUNCILS ON

Schedule A (Form 990 or 990-EZ) 2008 DEVELOPMENTAL DISABILITIES

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	219,025.	220,046.	296,741.	332,540.	332,330.	1,400,682.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	550,486.	471,121.	532,601.	540,854.	567,070.	2,662,132.
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	769,511.	691,167.	829,342.	873,394.	899,400.	4,062,814.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						4,062,814.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	769,511.	691,167.	829,342.	873,394.	899,400.	4,062,814.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,008.	39,660.	4,763.	4,350.	2,040.	87,821.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	37,008.	39,660.	4,763.	4,350.	2,040.	87,821.
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.)	11,028.	4,760.	4,380.	1,585.	3,697.	25,450.
13 Total support. (Add lines 9, 10c, 11, and 12)						4,176,085.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.29 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.10 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.02 %

19a 33 1/3% support 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 ▶ ☒

b 33 1/3% support 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 ▶ ☐

20 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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMINISTRATION		4,041.	
BAD DEBTS		12,589.	
EQUIPMENT		3,014.	
EVENTS AND MEETINGS		108,734.	
INSURANCE		4,657.	
MISCELLANEOUS		14,574.	
SUPPLIES		6,457.	
TA PROJECT EXPENSES		126,486.	
TELEPHONE		16,330.	
TRAVEL AND ENTERTAINMENT		16,847.	
DEPRECIATION		2,267.	
TOTAL TO FORM 990-EZ, LINE 16		315,996.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	62,016.	62,751.	
DEPOSITS	2,500.	0.	
PREPAID EXPENSES	77,491.	3,523.	
OTHER DEPRECIABLE ASSETS	4,521.	2,254.	
TOTAL TO FORM 990-EZ, LINE 24	146,528.	68,528.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	22,569.	40,519.	
DEFERRED REVENUE	185,865.	124,065.	
TOTAL TO FORM 990-EZ, LINE 26	208,434.	164,584.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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STATEMENT 5

TECHNICAL ASSISTANCE: NACDD PROVIDED TECHNICAL ASSISTANCE TO STATE COUNCILS ON DEVELOPMENTAL DISABILITIES. EACH COUNCIL DETERMINED ITS OWN NEEDS, AND CONSEQUENTLY, THE TYPES AND DURATION OF THE ASSISTANCE VARIED FROM COUNCIL TO COUNCIL. TECHNICAL ASSISTANCE IS FUNDED BY A CONTRACT FROM THE ADMINISTRATION ON DEVELOPMENTAL DISABILITIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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STATEMENT 6

COUNCIL SERVICES: SERVED THE NEEDS OF COUNCILS BY ASSISTING THEM WITH THEIR INTERNAL OPERATIONS AND STATE SYSTEMS ISSUES; ANNUAL FALL CONFERENCES AND TECHNICAL ASSISTANCE INSTITUTES; PROVIDED TELEPHONE ADVICE TO COUNCILS ON COMPLIANCE AND MANAGEMENT ISSUES; PRODUCED COUNCIL SERVICES NEWSLETTER; MAINTAINED THE NACDD WEB PAGE; PROVIDED ON-SITE, IN-SERVICE TRAINING FOR COUNCIL ORIENTATION AND OTHER PROGRAMMATIC NEEDS; AND CONDUCTED SPECIAL PROJECTS.

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STATEMENT 7

PUBLIC POLICY: REPRESENTED THE INTERESTS OF DEVELOPMENTAL DISABILITIES COUNCILS AND PEOPLE WITH DEVELOPMENTAL DISABILITIES AT THE FEDERAL LEVEL, WITH CONGRESS AND THE ADMINISTRATION; KEPT COUNCILS INFORMED ABOUT NATIONAL POLICIES THAT AFFECT THEM AND THEIR CONSTITUENTS, AND ENSURED THE CONTINUATION AND ENHANCEMENT OF THE DEVELOPMENTAL DISABILITIES ACT.

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STATEMENT 8

TO SUPPORT THE COUNCILS ON DEVELOPMENTAL DISABILITIES IN IMPLEMENTING THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT AND IN PROMOTING THE INTERESTS AND RIGHTS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES.

FORM 990-EZ	EXPLANATION OF BUSINESS INCOME NOT REPORTED ON FORM 990-T PART V, LINE 35	STATEMENT	9
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INCOME REPORTED ON LINE 2, PART I WAS FROM CONFERENCES TO DISCUSS TOPICS
RELATED TO THE ORGANIZATION'S EXEMPT PURPOSES.