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2008

Open to Public Inspection

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning OCTOBER 1, 2008, and ending SEPTEMBER 30, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: NEW HAMPSHIRE DEVELOPMENTAL DISABILITIES COUNCIL INC. D Employer identification number: 20-0293264. E Telephone number: (603) 271-3236. F Group Exemption Number.

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:

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), 4947(a)(1), 527

K 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 \$ 92,417.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 92,417. Total expenses are 71,978. Net assets at end of year are 43,456.

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.)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets (Prepaid); Total assets; Total liabilities (Accrued Expenses); Net assets or fund balances. Total assets at end of year are 44,746.

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b>	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		✓
<b>35</b>	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.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>35b</b>	b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b>	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?		✓
<b>38b</b>	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>40b</b>	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		✓
<b>40c</b>	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
<b>40d</b>	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
<b>40e</b>	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.		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>NEW HAMPSHIRE</b>		
<b>42a</b>	The books are in care of ▶ <b>Marirlen MacKay</b> Telephone no. ▶ <b>( 603 ) 459-1788</b> Located at ▶ <b>9 Webster St., Nashua NH</b> ZIP + 4 ▶ <b>03064</b>		
<b>42b</b>	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)? 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, Report of Foreign Bank and Financial Accounts.</b>		✓
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>43</b> <input type="checkbox"/>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>45</b>	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		✓

**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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

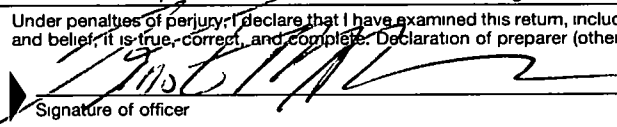
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
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
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

**Sign Here** ▶  Date 12/15/11

Signature of officer

▶ **Kristen M. Murphy, Treasurer**  
Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ Preparer's Identifying Number (See instructions) \_\_\_\_\_

EIN ▶ \_\_\_\_\_ Phone no ▶ ( ) \_\_\_\_\_

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> NEW HAMPSHIRE DEVELOPMENTAL DISABILITIES COUNCIL, INC.	<b>Employer identification number</b> 20 : 0293264
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

- 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 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?

	Yes	No
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	687,234.	417,234.	147,920.	48,337.	92,417	1,393,142.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .	687,234.	417,234.	147,920.	48,337.	92,417.	1,393,142.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .	687,234.	417,234.	147,920.	48,337.	92,417.	1,393,142.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,393,142.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	100 %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

- 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 ►



CASH ACCOUNT

10/01/08 - 9/30/09

(08 RETURN)

DATE	CHECK #	DESCRIPTION	DEBIT	CREDIT	BALANCE
10/01/08		Balance of checking acct @ 10/01/08			\$ 23,017.00
		Book Balance @10/01/08			\$ 27,385.55
					\$ 4,368.55 Carried on books prior to 10/01/08
		Beginning bank balance @ 10/01/08			23017.00
10/3/2008		584 A+ Conferencing	0.00	52.34	22964.66
10/12/2008		585 NH Center For NonProfits	0.00	65.00	22899.66
10/12/2008		586 NACDD	0.00	197.00	22702.66
10/12/2008		587 Childrens Alliance of NH	0.00	75.00	22627.66
10/12/2008		588 Gordon Allen	0.00	475.38	22152.28
10/15/2008		589 Parent Information Center	0.00	50.00	22102.28
10/15/2008		Deposit DSP Regs & CM	4016.00	0.00	26118.28
10/15/2008		Deposit DSP Conf	350.00	0.00	26468.28
10/15/2008		Deposit DSP Conf	400.00	0.00	26868.28
10/15/2008		Deposit DSP Emerg	300.00	0.00	27168.28
10/15/2008		Deposit DSP Emerg	4824.00	0.00	31992.28
10/17/2008		590 Parent Information Center	0.00	175.00	31817.28
10/23/2008		Deposit DSP Conf	5000.00	0.00	36817.28
10/23/2008		Deposit DSP Conf	11550.00	0.00	48367.28
10/27/2008		591 Lisa Swancott	0.00	113.75	48253.53
10/30/2008		592 Jamie Gagne	0.00	200.00	48053.53
10/30/2008		593 Jee LeClair	0.00	500.00	47553.53
10/30/2008		593 V Jee LeClair	0.00	500.00	48053.53
10/30/2008		594 Carol Herbert	0.00	500.00	47553.53
10/30/2008		595 Jeff LeClair	0.00	500.00	47053.53
10/30/2008		596 Saymore Trophy	0.00	302.00	46751.53
11/3/2008		598 Gordon Allen	0.00	289.38	46462.15
11/4/2008		Deposit DSP Conf	1200.00	0.00	47662.15
11/4/2008		Deposit DSP Conf	2000.00	0.00	49662.15
11/7/2008		599 Internal Revenue Service	0.00	750.00	48912.15
11/12/2008		600 Jennifer Mazzola	0.00	144.00	48768.15

DATE	CHECK #	DESCRIPTION	DEBIT	CREDIT	BALANCE
11/14/2008		601 Gordon Allen	0.00	319.40	48448.75
11/14/2008		602 A+ Conferencing	0.00	255.09	48193.66
11/17/2008		Deposit DSP Conf Inc 447 In cash	625.00	0.00	48818.66
11/20/2008		603 Childrens Alliance of NH	0.00	35.00	48783.66
12/8/2008		604 Lisa Swancott	0.00	70.00	48713.66
12/8/2008		605 AAIDD	0.00	160.00	48553.66
12/8/2008		606 Marijuana Policy Project	0.00	100.00	48453.66
12/8/2008		607 Keith Jones	0.00	750.00	47703.66
12/8/2008		608 Lisa Hasler	0.00	480.55	47223.11
12/8/2008		609 Laurie Doucette	0.00	104.40	47118.71
12/8/2008		610 P.G. Incorporated	0.00	1630.00	45488.71
12/8/2008		611 Vermillion Inc.	0.00	2100.00	43388.71
12/8/2008		612 Grappone Conference Ctr	0.00	7615.00	35773.71
12/19/2008		Deposit DSP Care	5085.13	0.00	40858.84 * Bk Dep diff from bk dep
12/23/2008		613 Parenting New Hampshire	0.00	5250.00	35608.84
12/29/2008		614 Lisa Swancott	0.00	52.50	35556.34
12/30/2008		615 Attitash Grand Summit	0.00	17415.73	18140.61
1/2/2009		Deposit CSNI	1000.00	0.00	19140.61
1/2/2009		Deposit CSNI	250.00	0.00	19390.61
1/2/2009		Deposit CSNI	250.00	0.00	19640.61
1/12/2009		Deposit DRC 1st & 2nd Qtr ABLE	5000.00	0.00	24640.61
1/20/2009		616 Lisa Swancott	0.00	87.50	24553.11
1/20/2009		617 Attitash Grand Summit	0.00	500.00	24053.11
1/30/2009		618 State Of New Hampshire	0.00	25.00 ●	24028.11
2/1/2009		Deposit Lifeshare Annual fr	33.83	0.00	24061.94
2/1/2009		Deposit Lifeshare Annual fr	200.00	0.00	24261.94
2/1/2009		Deposit Lifeshare Annual fr	2354.14	0.00	26616.08
2/5/2009		619 Chalifour Design	0.00	599.00	26017.08
2/5/2009		620 State Of New Hampshire	0.00	75.00 ●	25942.08
2/13/2009		621 Northeast Information Se	0.00	105.95	25836.13
2/13/2009		622 Concord Monitor	0.00	120.50	25715.63
2/17/2009		Deposit CCACHC Rent & Phone	1270.03	0.00	26985.66
2/17/2009		Deposit CCACHC Rent & Phone	300.00	0.00	27285.66
2/18/2009		624 Chalifour Design	0.00	400.00	26885.66
3/5/2009		625 Experiential Concepts	0.00	300.00	26585.66
3/6/2009		626 Jennifer Mazzola	0.00	189.00	26396.66
3/18/2009		627 Lisa Swancott	0.00	70.00	26326.66
3/18/2009		628 Connex	0.00	9.44	26317.22
3/30/2009		Deposit FSC Hospitality from AAs	27.01	0.00	26344.23
3/30/2009		Deposit FSC Hospitality from Aas	1350.00	0.00	27694.23
3/30/2009		Deposit FSC Hospitality from AAs	2500.00	0.00	30194.23
3/30/2009		Deposit IOD Rap	7485.05	0.00	37679.28

DATE	CHECK #	DESCRIPTION	DEBIT	CREDIT	BALANCE
4/3/2009	629	State Of New Hampshire	0.00	25.00	37654.28
4/7/2009	630	D. Ouellette	0.00	403.63	37250.65
4/7/2009	631	Gordon Allen	0.00	1328.11	35922.54
4/7/2009	632	Lisa Swancott	0.00	61.25	35861.29
4/7/2009	633	The Bauer Group	0.00	216.50	35644.79
4/8/2009	634	NH Council On Develop	0.00	825.00	34819.79
4/30/2009	635	D. Ouellette	0.00	1550.00	33269.79
4/30/2009	636	A+ Conferencing	0.00	32.73	33237.06
4/30/2009	651	Union Leader	0.00	27.00	33210.06
5/14/2009	637	Gordon Allen	0.00	69.88	33140.18
5/19/2009	638	Zurich American	0.00	750.00	32390.18
5/20/2009		Deposit ABLE NH Cong Regs	510.00	0.00	32900.18
5/20/2009		Deposit FSC Reg 10	27.03	0.00	32927.21
5/20/2009		D eposit FSC Reg 10	200.00	0.00	33127.21
5/20/2009		Deposit FSC Reg 10	2500.00	0.00	35627.21
6/1/2009	639	Jennifer Mazzola	0.00	228.00	35399.21
6/2/2009	640	Adrienne Boudreau	0.00	500.00	34899.21
6/2/2009	641	Canterbury Shaker Village	0.00	140.00	34759.21
6/11/2009	642	Ken Chalifour	0.00	50.00	34709.21
6/11/2009	643	Wendy Kellin	0.00	60.95	34648.26
6/26/2009	644	Business Leadership Award	0.00	200.00	34448.26
7/2/2009	645	A+ Conferencing	0.00	38.19	34410.07
7/7/2009	646	Teddy's Tees	0.00	913.75	33496.32
7/7/2009	647	Family Support NH	0.00	75.00	33421.32
7/7/2009		Deposit DRC ABLE Final 4Q Pay	2193.32	0.00	35614.64
7/7/2009		Deposit DRC ABLE Final 4Q Pay	189.00	0.00	35803.64
7/7/2009		Deposit DRC ABLE Final 4Q Pay	2826.94	0.00	38630.58
7/7/2009		Deposit DRC ABLE Final 4Q Pay	2500.00	0.00	41130.58
7/9/2009	648	D. Ouellette	0.00	299.98	40830.60
7/9/2009	649	UNH Institute On Disability	0.00	105.00	40725.60
7/9/2009	650	Gordon Allen	0.00	160.64	40564.96
7/9/2009		Deposit ABLE NH IOD 1st Payment	7000.00	0.00	47564.96
7/27/2009	652	Jennifer Mazzola	0.00	209.40	47355.56
8/12/2009	653	Union Leader	0.00	26.00	47329.56
8/20/2009	344	Ken Chalifour	0.00	95.00	47234.56
8/20/2009	655	Concord Monitor	0.00	110.00	47124.56
8/20/2009		Deposit Stepping Stone CSNI	5250.00	0.00	52374.56
8/25/2009		Deposit Stepping Stone CSNI	11850.00	0.00	64224.56
9/3/2009	656	Childrens Alliance of NH	0.00	100.00	64124.56
9/3/2009	657	Gordon Allen	0.00	226.11	63898.45
9/9/2009	658	Saymore Trophy	0.00	202.00	63696.45
9/9/2009	659	First Comp	0.00	342.00	63354.45

DATE	CHECK #	DESCRIPTION	DEBIT	CREDIT	BALANCE
9/9/2009	660	Parenting New Hampshire	0.00	4750.00	58604.45
9/30/2009	661	Coliseum Restaurant	0.00	50.00	58554.45 09 Expense
9/30/2009	662	CSNI - Stepping Stone	0.00	500.00	58054.45
9/30/2009	663	Stacey Brooks	0.00	240.00	57814.45
				\$ 57,619.03	
6/12/2009	Deposit	ACH Dep Paypal	0.16	0.00	57814.61
7/30/2009	CCD Debit	Payroll		3364.95	54449.66
7/31/2009	10000	Stacey Brooks	0.00	7979.37	46470.29
	10001	Stacey Brooks	0.00	1793.78	44676.51
8/7/2009	CCD Debit	Invoice Billing	0.00	14.62	44661.89
11/20/2008	Return Chgbck	Return Chargeback & Return Fee	0.00	42.00	44619.89
	Ck #647 - not clear	& .70 adj		(75.70)	<u>44695.59</u>

Total Deposits/ Total Income \$ 92,416.64

Total Expenditures

\$ 70,738.05 Total 10/01/08 - 09/30/09 (08 Tax Year)

\$ (50.00)

\$ 1,290.00

\$ 71,978.05

Less 09 Prepaid - Paid in 08  
Plus 08 Expenses - Paid in 09

Σ = 1967 (OTHER EXPENSES) 1