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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)

Open to Public

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection and ending JUN 30. JUL 1. 2010 A For the 2010 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Address change Manchester Development Corporation Name change 02-0372894 Doing Business As Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 110 603-624-6505 One City Hall Plaza Amended return 60,788. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Manchester, NH 03101-4008 H(a) Is this a group return pending F Name and address of principal officer: Newton H. Kershaw. Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes No) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.manchesternh.gov H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1965 M State of legal domicile: NH Part I Summary Briefly describe the organization's mission or most significant activities: The corporation provides the Governance City of Manchester with economic development services. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Ō. 0 8 Contributions and grants (Part VIII, line 1h) Revenue 34,689 56,696. 9 Program service revenue (Part VIII, line 2g) 10,472 4,092. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 45,161 788. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. n 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ο. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 44,474. 35,777. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f+24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), Fig. 25, IVED 44,474. 35,777 9,384. 16,314. 19 Revenue less expenses. Subtract line 18 from line 12 5 **Beginning of Current Year End of Year** JAN 87 2012 4,792,256. 4,310,041. 20 Total assets (Part X, line 16) 501,239 2,710. 21 Total liabilities (Part X, line 26) OGDEM. LIT 4.291.017. 4,307,331. 22 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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 how mein Sign III, Chairman Newton H. Kershaw, Here Hero Will Paid Prepare Type or print name and title Date Preparer's signature Print/Type preparer's name Rachel Williamson C 12/27/11 self-employed Rachel Williamson CPA Preparer Firm's name Berry Dunn McNeil & Parker, LLC Firm's EIN

(603)669-7337

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 1000 Elm Street, 15th Floor

Manchester, NH 03101

	ill Statement of Program Service Accomplishments	72894 Page 2
rai	Check if Schedule O contains a response to any question in this Part III	
1	Bnefly describe the organization's mission [.] The corporation provides the City of Manchester with economic	
	development services.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$41,641. including grants of \$) (Revenue \$	56,696.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4-	Victoria Victoria de la Victoria del Victoria de la Victoria del Victoria de la Victoria del Victoria de la Victoria del Victoria de la Victoria del Victoria	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	Other program agains (December & School Ja O.)	
4d	Other program services. (Describe in Schedule O)	
4d	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 41,641.	

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.	l	
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3		-
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1
	as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α.
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			·
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		١,,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		"
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	ľ		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	لــــا	
		Form	990 c	2010\

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23	ļ	X
24a	3, ,			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	ا م		x
.	•	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		v	
^ -	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		_ - -	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2010)

Part	٧	Statements	Regarding	Other	IRS Fi	lings and	Tax Com	pliance

Section The number reported in Box 3 of Form 1006. Enter 0- I not applicable 1a 0 0		Check if Schedule O contains a response to any question in this Part V							
te Enter the number reported in Box 3 of Form 1096. Enter -04 not applicable b Enter the number of Forms W20 ancided in line in Enter -04 not applicable c Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize with backup with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize with backup with backup with backup with being vendors and provided to the call of the vendors and reportable gaming (gambling) winnings to prize with backup with with backup with back			_	Yes	No				
b Enter the number of Forms W2G included in line 1a. Enter 0. If not applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garining (gamillang) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return. 3 In the least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the organization have unrelated business gross income of \$1,000 or more during the year? 4 In 1974 is 1974 in the did not made 70 for this year? 1974 797, provide an explanation in Schedule O 4 In 1974 in 1974 the during the calendar year, did the organization have an interest in, or a separature or other authority over, a financial account in a foreign country (such as a bink account, securities account, or other financial account)? 5 In 1974 in 1974 in 1974 in 1974 1974 1974 1974 1974 1974 1974 1974	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 1		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.	-		4				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Did the organization make any taxable distributions under section 4966?	9a						
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b								
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>			37				
					<u> </u>				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	0040:				

Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	2]					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X			
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	X			
6 Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a	Х				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:		-m				
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	10b	77				
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,,				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1	١,,				
	to conflicts?	12b	X				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,				
	in Schedule O how this is done	12c	Х	17			
13	Does the organization have a written whistleblower policy?	13		X			
14	Does the organization have a written document retention and destruction policy?	14		Х			
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?	l		v			
	The organization's CEO, Executive Director, or top management official	15a		X			
D	Other officers or key employees of the organization	15b					
46_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X			
.	taxable entity during the year?	16a					
D	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					
Sec	tion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed ▶NH						
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for					
.0	public inspection. Indicate how you make these available. Check all that apply.	, 101					
	Own website Another's website W Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial				
	statements available to the public.	. 10 11110	iciai				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•				
~ -	City of Manchester - 603-624-6505						
	One City Hall Plaza - Economic Development Office, Manchester,	NH	03	101			
			000/				

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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.

	T						ted any current officer, of		/E)	
(A)	(B)	1	(C) Position					(D)	(E)	(F) Estimated
Name and Title	Average hours per	_{(C}				ı ∶app	W	Reportable compensation	Reportable compensation	amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Gregory Telge	1	<u> </u>								
Member	1.00	Х						0.	0.	0.
Sean Owen										
Vice Chairman	1.00	X	_	Х	<u> </u>			0.	0.	0.
Mike McCluskey					1				_	_
Member	1.00	Х			<u> </u>			0.	0.	0.
Alderman Michael Lopez	1 00								^	
Member	1.00	X		_	<u> </u>	igspace		0.	0.	0.
Newton H. Kershaw, III	1 00	x		x				0.	0.	_
Chairman	1.00	<u> ^ </u>		<u> </u>	├—	 		0.	U •	0.
Alderman Patrick T. Long Member	1.00	x			ŀ			0.	0.	0.
Joseph Wichert	1.00	 ^	-	\vdash	\vdash			0.	0.	0.
Member	1.00	x						0.	0.	0.
Joshua B. Wright		t								
Treasurer	1.00	X		Х				0.	0.	0.
Adam Schmidt										
Member	1.00	Х						0.	0.	0.
Susan Duprey		1							_	_
Secretary	1.00	X		X		$oxed{igspace}$		0.	0.	0.
James Dunphy	1	l							•	
Member	1.00	Х		L	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0.
Cathy Champagne	1	١.,			l				0	
Member	1.00	Х						0.	0.	0.
		ļ								

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	6	Position (check all that apply)				.11	Reportable Reportable				timate	
		hours per week	L'C	(Check all that apply)		compensation from	compensation from related			ount o	or			
		(describe	ector						the	organizations			pensa	tion
		hours for	Individual trustee or directo	, a			Highest compensated employee		organization	(W·2/1099-MIS	;C)		om th	
		related organizations	trustee	Institutional trustee		99/	mpen		(W-2/1099-MISC)			_	anızat d relat	
		in Schedule	gnal	utuona		Key employee	est co	<u> </u>					ı relati Anızatı	
		O)	휼	Insti	Officer	Key e	E B	Former				0.50		
											\neg			
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1b	Sub-total								0.		0.			0.
C	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	0,000 in reportable	е			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v en	olar	vee.	or h	nighest compensated er	mplovee on	Γ			*
-	line 1a? If "Yes," complete Schedule J for s			,	,		, ,	•	g.,			3	-	X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such individual		ļ	4		X
5	Did any person listed on line 1a receive or	•				•		elat	ted organization or indiv	idual for services				3.2
S00	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J f	or su	uch	pers	son					5		Х
1	Complete this table for your five highest co	mpopeated in	1000	ando	nt c	ont	racto	ore t	that recovered more than	\$100,000 of com		ation f	rom	
•	the organization. NONE	inpensated in	Jepe	51100	31 IL C	.0111	acic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mat received more than	\$100,000 of com	perio	ationi	10111	
	(A)							П	(B)			(C	;)	
	Name and business	address							Description of s	ervices	C		nsatio	n
														
										j				
								\dashv						
			-					\dashv						
								T						
2	Total number of independent contractors (i	•	ot III	mıte	d to		_	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organi	zation >					0					F	200 "	2010
											J	rorm :	9 90 (2	2U IU)

Ра	rt VII	Statement of Rever	nue	•		(B)		(D)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
grai	b	Membership dues	1b					
Contributions, gifts, grants and other similar amounts	C	Fundraising events	1c					
	d	•	1d					
Sim	е	• ,						
ie ti	f							
달히		similar amounts not included abo						
동	_	Noncash contributions included in lines	s 1a-1f \$					
-	<u> </u>	Total. Add lines 1a-1f		Business Code			*	+
	2 a	Interest on Not	tes Rece	531390	57,209.	57,209.		
١٤٠	2 a b	7		531390	<513.		>	†
Ser	c				10_0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e an	d					*****		
Program Service Revenue	е	· · · · · · · · · · · · · · · · · · ·						
۳	f	All other program service reve	enue					
\Box	g	Total. Add lines 2a-2f		>	56,696.			
	3	Investment income (including	dividends, inter	est, and	4 000			4 000
		other similar amounts)		>	4,092.			4,092.
	4	Income from investment of ta	x-exempt bond p	proceeds 🕨				
	5	Royalties		>				1
	۰.	Ones Banks	(i) Real	(II) Personal				İ
	6 a			+				
	b c	·		-				
j		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(7 +========	(.,,			7	
	b	Less: cost or other basis		i			2	
		and sales expenses					•	
	С	Gain or (loss)					•	
	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$	g events (not of					
ě		contributions reported on line	1c). See					
F		Part IV, line 18	а					
훈	b	Less: direct expenses	b	<u> </u>			•	
		Net income or (loss) from fund	-	>				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gam	_		 			
ŀ	iu a	Gross sales of inventory, less and allowances						
l	h	Less: cost of goods sold	a b					
		Net income or (loss) from sale				·		
ı		Miscellaneous Revenu		Business Code			******	
Ì	11 a	IVIIGCEIIATICOUS TIEVETIO						
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ [
03200	12	Total revenue. See instructions.		>	60,788.	56,696.	0.	<u> </u>
12-21								Form 990 (2010)

_	All other organizations must com		not required to complete (B)). (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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				
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 salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,500.		1,500.	
C	Accounting	1,500.		1,500.	
d	Lobbying Co. Root IV has 47				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	22,557.	21,429.	1,128.	
12	Advertising and promotion	22,331.	21,423.	1,120.	
13	Office expenses				
14	Information technology Royalties				
15 16	Occupancy				
10 17	Travel				-
17 18					
.0	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates	16,314.	16,314.	-	
22	Depreciation, depletion, and amortization				
23	Insurance	3,818.	3,627.	191.	
24	Other expenses. Itemize expenses not covered	-,	-,		
-•	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)		ļ		
а	Miscellaneous	260.	247.	13.	
b	Dues	25.	24.	1.	
c					
d					
e					
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	44,474.	41,641.	2,833.	
<u>:</u>	Joint costs. Check here ▶ ☐ If following SOP	,		=,	
-	98-2 (ASC 958-720). Complete this line only if the		İ		
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

art X	Balance Sheet	T 7		· · · · · · · · · · · · · · · · · · ·
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	2,739,855.	2	2,138,182
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II		ł	
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net	1,391,120.	7	1,504,083
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	28
- F	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a			
1 1	Less: accumulated depreciation 10b		10c	
11	Investments · publicly traded secunties		11	
12	Investments - other securities. See Part IV, line 11	47,764.	12	47,25
13	Investments · program-related. See Part IV, line 11	613,517.	13	620,24
14	Intangible assets	,	14	<u> </u>
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,792,256.	16	4,310,04
17	Accounts payable and accrued expenses	501,239.	17	4,310,043
18	Grants payable	,	18	·
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
-	highest compensated employees, and disqualified persons. Complete Part II	`	ŀ	
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	501,239.	26	2,71
120	Organizations that follow SFAS 117, check here X and complete		-	
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	3,677,500.	27	3,687,09
28	Temporarily restricted net assets	613,517.	28	620,24
29	Permanently restricted net assets		29	
23	Organizations that do not follow SFAS 117, check here	-		
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	*	30	
	·		31	
31	Paid-in or capital surplus, or land, building, or equipment fund		32	
32	Retained earnings, endowment, accumulated income, or other funds	4,291,017.	-	4,307,333
33	Total net assets or fund balances	4,792,256.	33	4,310,04
34	Total liabilities and net assets/fund balances	3,134,430.	34	Form 990 (20

SCHEDULE D

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

	Manchester Develop		02-0372894							
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, lin	e 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds							
	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a		sed only							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring									
	impermissible private benefit?		Yes No							
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pai	rt IV, line 7.							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).								
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	oncally important land area							
	Protection of natural habitat	Preservation of a certific								
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last							
	day of the tax year.									
			Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c							
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e							
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax							
	year ▶									
4	Number of states where property subject to conservation ea	sement is located >								
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements	t holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements dur	ing the year ➤							
7	Amount of expenses incurred in monitoring, inspecting, and									
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h))(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?		└── Yes └── No							
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for							
-	conservation easements.									
Pai	t III Organizations Maintaining Collections o	•	ier Similar Assets.							
	Complete if the organization answered "Yes" to Form									
1a	If the organization elected, as permitted under SFAS 116 (AS	,, ,	,							
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIV,							
	the text of the footnote to its financial statements that descr									
b	If the organization elected, as permitted under SFAS 116 (AS	•								
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c 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		\$							
2	If the organization received or held works of art, historical tre	-								
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:								
а	Revenues included in Form 990, Part VIII, line 1		\$							
þ	Assets included in Form 990, Part X		► \$ ► \$							

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

Schedule D (Form 990) 2010

		<u>ter Develo</u>								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Sin	nilar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi (check all that apply)	on, and other record	ds, chec	k any of the	following th	at are a	significa	int use of its	collection	items
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	rams				
b	Scholarly research	6		Other	0.5					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	hev further t	the organizat	tion's exe	empt pu	ırpose ın Par	t XIV	
5	During the year, did the organization solicit of	•		•	_			•		
	to be sold to raise funds rather than to be m								Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form	990. Part IV.		
	reported an amount on Form 990, Pa			•					•	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets no	t includ	ed		
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
		•	J					<u></u>	Amount	
С	Beginning balance						10	c		
	Additions during the year						10	d		
	Distributions during the year						10	e		
f	Ending balance						1	f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Par	t IV, line	10.	-		
		(a) Current year	(b) P	nor year	(c) Two year	ars back	(d) Thr	ee years back	(e) Four y	ears back
1a	Beginning of year balance			•						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									í
е	Other expenditures for facilities									,
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment ▶									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administ	ered for t	the orga	anization		
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	, line 10.						
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumul preciati	1	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)			•		0.

Schedule D (Form 990) 2010

032053 12-20-10

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
FIN 48 (ASC 740) FOOTHOUR IN PART XIV, provide the text of the foothour to the organization's financial

	dule D (Form 990) 2010 Manchester Development Co			02-03	72894 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 t	to Audited Finar	icial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		60,788.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		44,474.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		16,314.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Pnor period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10		16,314.
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	60,788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b		_	
С	Recovenes of prior year grants	2c			
đ	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	60,788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	60,788.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	enses pe	er Return	
1	Total expenses and losses per audited financial statements			1	44,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
С	Other losses	2c		_	
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	44,474.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		_	
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	44,474.
Pa	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8, Part XII, lines 2d and 4b. Also cor				
			 		

032054 12-20-10

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Manchester Development Corporation

Employer identification number 02-0372894

Form 990, Part VI, Section A, line 6: The member of Manchester

Development Corporation (the "Corporation") shall be the city of

Manchester, New Hampshire, acting by and through its Governing Body,

presently the Board of Mayor and Aldermen.

Form 990, Part VI, Section A, line 7a: The Board of Directors shall consist of twelve members, all of whom shall be nominated by the Mayor and confirmed by the Board of Aldermen of the City of Manchester. Two of the members of the Board of Directors shall be Aldermen of the City of Manchester.

Form 990, Part VI, Section A, line 7b: The following activities of the Corporation shall require the prior approval of the member: the adoption of annual operating budgets; the adoption of annual capital budgets; the initiation of fund-raising activities; mergers, consolidations or other corporate reorganizations; the disposition of substantially all of the Corporation's assets; the making of any loans by the Corporation; or the amendment of the Corporation's Articles of Agreement or Bylaws.

Form 990, Part VI, Section B, line 11: Form 990 is prepared by an outside accounting firm and reviewed by management prior to filing.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Manchester Development Corporation	Employer identification number 02-0372894
issue before the Board.	
Form 990, Part VI, Section C, Line 19: The organization	nakes its
governing documents, conflict of interest policy, and fir	nancial statements
available to the public upon request.	

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 02-0372894

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

Manchester Development Corporation

•	ò						
(e)	(q)	(0)	(p)	(e)		(£)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	e End-of-year assets		controlling	
of disregarded entity		foreign country)			ъ́	entity	
	T						
			:		-		
	Ι						
	<u> </u>						
The state of the s	I						
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	inswered "Yes" to Form 990,	Part IV, line 34 be	sause it had one c	r more related tax-exer	mpt	
(a)	(9)	(0)	(G)	(e)	ω	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(controlled entity?	2(b)(13) lled 7
		/f		501(c)(3))	•	Yes	2
City of Manchester - 69-0120336							
One City Hall Plaza							
Manchester, NH 03101	City governance	New Hampshire					×

032161 12-21-10 LHA

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

Schedule R (Form 990) 2010

02-0372894

Page 2

Schedule R (Form 990) 2010 Manchester Development Corporation

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(h) (i) (k)	of Disproportion- Code V-UBI General or Percentage array arrange amount in box managing ownership array 20 of Schedille	Yes No										
(6)	al Share of end-of-year			 					 			
(£)	Share of total									-		
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										
(g)	Direct controlling entity											
<u> </u>	Legal domicile (state or	country)	_					_				
<u>@</u>	Primary activity				<u>.</u>	 						
(a)	Name, address, and EIN of related organization						•					

(a)	(q)	9	(p)	(e)	(J)	(6)	E
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	T (C (S)	Shar In	Share of end-of-year assets	Percentage ownership
Manchester Development Corporation, Inc - 02-0393970							
One City Hall Plaza	Real Estate						
Manchester, NH 03101	Development	HN		C CORP	105.	47,812.	100.00%
						=	
032162 12-21-10	20				, , , , , , , , , , , , , , , , , , ,	Schedule R (Form 990) 2010	n 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-1V?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)				1p		×
c Gift, grant, or capital contribution from other organization(s)				10		×
d Loans or loan guarantees to or for other organization(s)				9	Γ	×
						>
e Loans or ioan guarantees by otner organization(s)				<u>e</u>		4
f Sale of assets to other organization(s)				=		×
q Purchase of assets from other organization(s)				7		×
				. ±		×
				•		: :
 Lease of facilities, equipment, or other assets to other organization(s) 				=		×
j Lease of facilities, equipment, or other assets from other organization(s)				Ę		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		×
n Sharing of paid employees				£		×
				٩	×	
p Reimbursement paid by other organization for expenses				L		×
q Other transfer of cash or property to other organization(s)				٥	×	
.				+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
(1) City of Manchester	0	16,314.	FMV		i	
(2)						
(3)						
(4)						
(5)						
(6)						
032163 12-21-10	21		Schedule R (Form 990) 2010	R (Form	(066	2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN	(a) (b)	(q)	(0)	9	(e)	ε	(6)	3
Age No.	Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate		
			country)	Yes No	year assers	Yes No		
Schedule R (Form 880) 2010								
Schedule R (Form 899) 2010								
Schedule R (Form 869) 2010								
Schedule R (Form 860) 2010								
Schedule R (Form 980) 2010								
Schedule R (Form 990) 2010								
Schedule R (Form 990) 2010								
Schedule R (Form 990) 2010								
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Schedule R (Form 990) 2010								
Schedule R (Form 990) 2010								
Schedule R (Form 990) 2010								
							Schedule R (Forr	n 990) 2010

Schedule R	<u>l (Form 990) 2010</u>	Manchester	Development	Corporation	02-0372894	Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation				
-			tion for responses to au	estions on Schedule R (see ins	structions).	
					, 	
	 					
				· · · · · · · · · · · · · · · · · · ·		
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Form **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of this	form).					
Do not c	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.				
Electron	ic filing (e-file). You can electronically file Form 8868 if :	you need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	ctension			
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers.	Associated With Cei	taın			
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions) For more details on t	he ele	ctronic filing of this f	orm,			
	rs gov/efile and click on e-file for Charities & Nonprofits				w				
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed)						
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and con	nplete					
Part I onl	•				>				
	corporations (including 1120-C filers), partnerships, REM	1ICs, and t	rusts must use Form 7004 to request ar	n exter	nsion of time				
to nie inc	ome tax retums								
Type or	Name of exempt organization			Emp	loyer identification	number			
print No. 1. In the Paris of the Control of the Con									
File by the	Manchester Development Corp	porat:	ion	0	2-0372894				
due date for Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your return See	One City Hall Plaza, No. 1								
instructions	City, town or post office, state, and ZIP code For a fe	oreign add	fress, see instructions.						
	Manchester, NH 03101-4008								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Application Return Application									
ls For		Code	Is For			Code			
Form 990		01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A			08			
Form 990		03	Form 4720			09			
Form 990		04	Form 5227			10			
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
			- One City Hall Plaz		Economic				
	books are in the care of Development Of:	rice -		ОΤ					
•	one No ► 603-624-6505		FAX No 🕨						
	organization does not have an office or place of business				>				
	s for a Group Return, enter the organization's four digit				r the whole group, c				
box 🕨	. If it is for part of the group, check this box				ers the extension is	for.			
1 re	quest an automatic 3-month (6 months for a corporation	required 1	to file Form 990-T) extension of time unt	al					
	February 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	bove	The extension				
IS T	or the organization's return for:								
	calendar year or X tax year beginning JUL 1, 2010		TITN 20 2011						
> 1	X tax year beginning JUL 1, 2010	, an	d ending <u>JUN</u> 30, 2011		<u>.</u>				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return III Fina	ıl retur	n				
_	Change in accounting period								
0- ""		2022							
	iis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	_		^			
	refundable credits. See instructions.			3a	\$	0.			
	is application is for Form 990-PF, 990-T, 4720, or 6069,	-		_		Λ			
	mated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa	-				Λ			
-	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.			
caution.	If you are going to make an electronic fund withdrawal v	vitn this Fo	orm 8853-EO and Form	8879∙	EU for payment insti	uctions.			

023841 01-03-11

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24

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)