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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2010</b>  <b>Open to Public Inspection</b>
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<b>A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization EASTER SEALS NEW HAMPSHIRE INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 555 AUBURN STREET  City or town, state or country, and ZIP + 4 MANCHESTER, NH 03103	<b>D Employer identification number</b>  02-0272825  <b>E Telephone number</b>  (603) 623-8863  <b>G</b> Gross receipts \$ 61,678,471
	<b>F</b> Name and address of principal officer LARRY GAMMON 555 AUBURN STREET MANCHESTER, NH 03103	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>J Website:</b> ▶ NH.EASTERSEALS.COM	
	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation 1967		
<b>M</b> State of legal domicile NH		

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities EASTER SEALS NH SERVICES INCLUDE CHILD CARE AND EARLY INTERVENTION, SPECIAL EDUCATION, MEDICAL REHABILITATION, CAMPING AND RECREATION FOR DISABLED YOUTHS, TRANSPORTATION SERVICES, VOCATIONAL SERVICES, SENIOR SERVICES, ADULT DAY CARE PROGRAMS, A BROAD RANGE OF RESIDENTIAL SERVICE OPTIONS, VETERANS' SERVICES, AND A DENTAL CENTER EASTER SEALS VALUES COMMITMENT, INTEGRITY, RESPECT, SHARED PURPOSE, EXCELLENCE, CUSTOMER FOCUS AND INDEPENDENCE		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	39
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	39
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . .	<b>5</b>	1,416
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	61	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	40,251,887	37,465,046
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	23,917,461	21,547,092
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	160,135	243,453
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,198,219	2,057,742
		65,527,702	61,313,333
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	959,368	715,008
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,924,834	41,445,262
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 723,164		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	18,806,398	17,154,248
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,690,600	59,314,518
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	2,837,102	1,998,815
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	41,261,353	36,440,878
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	25,611,247	24,545,124
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	15,650,106	11,895,754

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.

Sign Here	<div>***** Signature of officer</div>	<div>2012-07-05 Date</div>			
	<div>ELIN TREANOR CFO Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL A BARBARITA CPA	Preparer's signature MICHAEL A BARBARITA CPA	Date	Check if self-employed ▶ <input type="checkbox"/>	PTIN
	Firm's name ▶ WILLIAM STEELE & ASSOCIATES PC				Firm's EIN ▶
	Firm's address ▶ 40 STARK STREET  MANCHESTER, NH 03101				Phone no ▶ (603) 622-8881

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

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

EASTER SEALS NH SERVICES INCLUDE CHILD CARE AND EARLY INTERVENTION, SPECIAL EDUCATION, MEDICAL REHABILITATION, CAMPING AND RECREATION FOR DISABLED YOUTHS, TRANSPORTATION SERVICES, VOCATIONAL SERVICES, SENIOR SERVICES, ADULT DAY CARE PROGRAMS, A BROAD RANGE OF RESIDENTIAL SERVICE OPTIONS, VETERANS' SERVICES, AND A DENTAL CENTER. EASTER SEALS VALUES COMMITMENT, INTEGRITY, RESPECT, SHARED PURPOSE, EXCELLENCE, CUSTOMER FOCUS AND INDEPENDENCE. EASTER SEALS PROVIDES EXCELLENT SERVICES TO ENSURE THAT ALL PEOPLE WITH DISABILITIES OR SPECIAL NEEDS AND THEIR FAMILIES HAVE EQUAL OPPORTUNITIES TO LIVE, LEARN, WORK AND PLAY IN THEIR COMMUNITIES.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O


















4a (Code)	(Expenses \$)	51,252,454 including grants of \$	(Revenue \$)
			23,604,834 )

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 51,252,454</b>
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
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	No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
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. 	11f	No
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	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b 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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions) 	17	No
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 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	193
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	1,416
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</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)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section 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	39	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	39	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> ELIN TREANOR 555 AUBURN STREET MANCHESTER, NH 03103 (603) 321-3475





Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,060,494	743,649	235,142

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization5

3Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3

No

4For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4

Yes

5Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5

No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL EVANS PO BOX 7235 GILFORD, NH 03246	PSYCHIATRIST	184,435
KIRSTEN MACARTHUR 327 CURRIER ROAD HILL, NH 03243	CLINICIAN	146,757
ISAAC MWANGI 85 WEST WEBSTER STREET MANCHESTER, NH 03104	FAMILY PROVIDER	146,187
LINDA HANLEY THOMAS 103 BOULDER DRIVE DUBLIN, NH 03444	CLINICIAN	132,002

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization4

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . . 1a						
	b	Membership dues . . . . . 1b						
	c	Fundraising events . . . . . 1c	312,172					
	d	Related organizations . . . . . 1d						
	e	Government grants (contributions) 1e	35,845,093					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,307,781					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .	37,465,046					
	Program Service Revenue			Business Code				
2a		COMMUNITY BASED SERVIC	623990	8,581,587	8,581,587			
b		SENIOR SERVICES	624100	4,099,086	4,099,086			
c		MEDICAL REHAB/EARLY IN	621990	3,943,110	3,943,110			
d		ALL OTHER	621990	3,827,160	3,827,160			
e		CHILD CARE	624410	1,096,149	1,096,149			
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . .	21,547,092					
Other Revenue	3		Investment income (including dividends, interest and other similar amounts) . . . . .	243,453		243,453		
	4		Income from investment of tax-exempt bond proceeds . . . . .					
	5		Royalties . . . . .					
	6a	Gross Rents		(i) Real	(ii) Personal			
		b	Less rental expenses					
			c		Rental income or (loss)			
			d		Net rental income or (loss) . . . . .			
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses					
			c		Gain or (loss)			
			d		Net gain or (loss) . . . . .			
	8a	Gross income from fundraising events (not including \$ 312,172 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	365,138			
		b		Less direct expenses . . . . . b	365,138			
		c		Net income or (loss) from fundraising events . . . . .	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . . a						
		b	Less direct expenses . . . . . b					
			c		Net income or (loss) from gaming activities . . . . .			
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
		b	Less cost of goods sold . . . . . b					
			c		Net income or (loss) from sales of inventory . . . . .			
Miscellaneous Revenue		Business Code						
11a	MANAGEMENT FEES		900099	1,848,274	1,848,274			
	b MISCELLANEOUS		900099	209,468	209,468			
	c							
	d		All other revenue . . . . .					
e		Total. Add lines 11a-11d . . . . .	2,057,742					
12		Total revenue. See Instructions . . . . .	61,313,333	23,604,834	0	243,453		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	715,008	715,008		
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 . . . . .	707,758	105,172	438,168	164,418
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	32,694,241	29,596,212	2,847,131	250,898
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	5,603,401	4,636,855	884,433	82,113
10	Payroll taxes . . . . .	2,439,862	2,075,256	326,271	38,335
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	104,800		104,800	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	7,575,008	6,094,518	1,409,700	70,790
12	Advertising and promotion . . . . .	97,623	203,369	-106,984	1,238
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	2,253,565	1,959,241	260,753	33,571
17	Travel . . . . .	1,627,485	1,583,755	35,619	8,111
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	267,703	210,766	43,891	13,046
20	Interest . . . . .	663,618	476,050	187,568	
21	Payments to affiliates . . . . .	25,325		25,325	
22	Depreciation, depletion, and amortization . . . . .	700,912	396,414	304,160	338
23	Insurance . . . . .				
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 O )				
a	SUPPLIES	2,599,344	2,532,825	51,773	14,746
b	TELECOMMUNICATION	561,007	327,232	230,593	3,182
c	MINOR EQUIPMENT	414,768	186,960	226,694	1,114
d	MISCELLANEOUS	118,124	48,899	61,586	7,639
e	PRINTING, ARTWORK, AND	98,272	76,030	7,419	14,823
f	All other expenses	46,694	27,892		18,802
25	Total functional expenses. Add lines 1 through 24f	59,314,518	51,252,454	7,338,900	723,164
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,244,528	1	0
	2	Savings and temporary cash investments . . . . .			1,627,206	2	3,736,400
	3	Pledges and grants receivable, net . . . . .			161,333	3	657,114
	4	Accounts receivable, net . . . . .			7,661,631	4	5,169,048
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 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). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			10,804,496	7	4,982,102
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			502,794	9	553,238
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	18,771,197			
	b	Less: accumulated depreciation . . . . .	10b	7,875,517	10,745,292	10c	10,895,680
	11	Investments—publicly traded securities . . . . .			8,373,791	11	8,897,079
	12	Investments—other securities. See Part IV, line 11 . . . . .			65,774	12	68,636
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			74,508	15	1,481,581
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			41,261,353	16	36,440,878	
Liabilities	17	Accounts payable and accrued expenses . . . . .			4,504,779	17	4,591,228
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			1,325,448	19	409,044
	20	Tax-exempt bond liabilities . . . . .			15,700,000	20	15,370,000
	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 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 . . . . .			4,081,020	25	4,174,852
	26	Total liabilities. Add lines 17 through 25 . . . . .			25,611,247	26	24,545,124
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			11,590,380	27	7,763,713
	28	Temporarily restricted net assets . . . . .			389,482	28	436,789
	29	Permanently restricted net assets . . . . .			3,670,244	29	3,695,252
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			15,650,106	33	11,895,754
34	Total liabilities and net assets/fund balances . . . . .			41,261,353	34	36,440,878	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,313,333
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,314,518
3	Revenue less expenses Subtract line 2 from line 1	3	1,998,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,650,106
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,753,167
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,895,754

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization EASTER SEALS NEW HAMPSHIRE INC	Employer identification number 02-0272825
--	--

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 (For lines 1 through 11, check only one box )

- 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).**
- 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).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,219,340	18,535,390	20,107,735	40,251,887	37,465,046	131,579,398
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,219,340	18,535,390	20,107,735	40,251,887	37,465,046	131,579,398
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						131,579,398

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	15,219,340	18,535,390	20,107,735	40,251,887	37,465,046	131,579,398
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	843,462	324,022	239,755	177,316	243,453	1,828,008
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	205,815	1,609,595	1,179,154	1,198,219	2,057,742	6,250,525
11 Total support (Add lines 7 through 10)						139,657,931
12 Gross receipts from related activities, etc. (See instructions.)					12	154,385,113
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	94.220 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94.550 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the 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> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 02-0272825

Name: EASTER SEALS NEW HAMPSHIRE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN FRIEDBERG ASSISTANT TREASURER	1 00	X		X				0	0	0
CHARLES S GOODWIN SECRETARY	1 00	X		X				0	0	0
LORI LEVESQUE DIRECTOR	1 00	X						0	0	0
JOHN SAMENFELD DIRECTOR	1 00	X						0	0	0
DAVID ARMSTRONG DIRECTOR	1 00	X						0	0	0
JAMES MERRILL DIRECTOR	1 00	X						0	0	0
TOM CHAMPAGNE ASSISTANT SECRETARY	1 00	X						0	0	0
BARRY LABOMBARDE DIRECTOR	1 00	X						0	0	0
ARON BROWN DIRECTOR	1 00	X						0	0	0
CHRISTINE GORDON VICE CHAIRMAN	1 00	X		X				0	0	0
JOHN MADDEN DIRECTOR	1 00	X						0	0	0
BILL IRWIN DIRECTOR	1 00	X						0	0	0
CLIFFORD HARRIS DIRECTOR	1 00	X						0	0	0
BEN GAMACHE PAST CHAIRMAN	1 00	X						0	0	0
RICHARD RAWLINGS CHAIRMAN	4 00	X		X				0	0	0
KEVIN DUFFY CHAIRMAN ELECT	2 00	X		X				0	0	0
CATHY MARTIN VICE CHAIRMAN	2 00	X		X				0	0	0
ROBERT SMITH JR TREASURER	1 00	X		X				0	0	0
TIMM RUNNION DIRECTOR	1 00	X						0	0	0
PETER ANDERSON DIRECTOR	1 00	X						0	0	0
MICHAEL SALTER DIRECTOR	1 00	X						0	0	0
JOHN ROGERS DIRECTOR	1 00	X						0	0	0
DENNIS BEAULIEU DIRECTOR	1 00	X						0	0	0
TOM SULLIVAN DIRECTOR	1 00	X						0	0	0
JAMES FLANAGAN DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM BEE DIRECTOR	1 00	X						0	0	0
ANDREW MACWILLIAM DIRECTOR	1 00	X						0	0	0
RANDY ELLIS DIRECTOR	1 00	X						0	0	0
DEBBY ABBONDANZA DIRECTOR	1 00	X						0	0	0
JOE DICHARA DIRECTOR	1 00	X						0	0	0
TOM CAUTHORN DIRECTOR	1 00	X						0	0	0
WILEY MULLINS DIRECTOR	1 00	X						0	0	0
SALLY GARMON DIRECTOR	1 00	X						0	0	0
CYNTHIA MAKRIS DIRECTOR	1 00	X						0	0	0
FRED URTZ DIRECTOR	1 00	X						0	0	0
TIM MURRAY DIRECTOR	1 00	X						0	0	0
MELISE VANCE DIRECTOR	1 00	X						0	0	0
ELEANOR DAHAR DIRECTOR	1 00	X						0	0	0
RENEE WALSH DIRECTOR	1 00	X						0	0	0
BRADFORD COOK GENERAL COUNSEL & ASSISTANT SECRETARY	1 00	X						0	0	0
LARRY GAMMON CEO/PRESIDENT	25 00			X				207,530	243,624	74,703
ELIN TREANOR CFO	25 00			X				117,270	137,665	21,387
NOEL SULLIVAN COO	25 00			X				99,936	117,316	11,383
KAREN VAN DER BEKEN SENIOR VP/DEVELOPMENT	40 00				X			150,860	28,735	16,137
PETER COLLINS DIR CLINICAL SERVICE	40 00					X		100,969	0	24,489
DOROTHY TUTTLE VP RES SERVICES	40 00					X		83,448	30,865	15,013
KATHERINE KITTLE VP/CONTROLLER	27 00					X		51,906	60,934	5,357
TINA SHARBY VP HUMAN RESOURCES	25 00					X		56,718	66,583	27,061
EARL SIMPSON DENTIST	30 00					X		142,510	0	22,383
JAMES FAHEY VP PROGRAM DEVELOPMENT	27 00					X		49,347	57,927	17,229

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
EASTER SEALS NEW HAMPSHIRE INC

**Employer identification number**  
  
02-0272825

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	4,059,726	4,448,268	5,437,417	
b	Contributions . . . . .	472,169	629,923	749,462	
c	Investment earnings or losses . . . . .	-399	-384,149	-488,829	
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	-399,454	634,315	1,249,782	
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	4,930,950	4,059,727	4,448,268	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 89 000 %

c

Term endowment ▶ 11 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,071,298		2,071,298
b Buildings . . . . .		9,274,874	1,473,026	7,801,848
c Leasehold improvements . . . . .		131,159	95,854	35,305
d Equipment . . . . .		6,852,238	6,303,558	548,680
e Other . . . . .		441,628	3,079	438,549
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,895,680



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	WE WILL USE THE PROCEEDS EARNED ON OUR ENDOWMENT FUNDS TO MAXIMIZE THE EXTENT TO WHICH WE ARE ABLE TO FULFILL OUR MISSION OF PROVIDING FREE AND REDUCED-PRICE SERVICES TO INDIVIDUALS AND FAMILIES WHO NEED SERVICES BUT CANNOT AFFORD OR OTHERWISE ACCESS THEM

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

## Open to Public Inspection

Name of the organization  
EASTER SEALS NEW HAMPSHIRE INC

**Employer identification number**  
02-0272825

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NH, VT



Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WINE TASTING (event type)	WALK (event type)	5 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	209,679	94,085	373,546
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	209,679	94,085	373,546
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	2,500	14,889	17,389
	6	Rent/facility costs . . . .	12,938	49,078	62,016
	7	Food and beverages . . . .	29,228	5,115	8,137
	8	Entertainment . . . .	2,326	1,000	
	9	Other direct expenses . . . .	85,728	35,600	118,599
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			365,138
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . .			312,172

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes _____%</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____%</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____%</div><div><input type="checkbox"/> No</div></div>
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .					
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a

Is the organization licensed to operate gaming activities in each of these states? . . . . .

☐ Yes ☐ No

b

If "No," Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

☐ Yes ☐ No

b

If "Yes," Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name  \_\_\_\_\_



Address  \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_


c


If "Yes," enter name and address

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
EASTER SEALS NEW HAMPSHIRE INC

Employer identification number  
02-0272825

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3

Enter total number of other organizations . . . . . ▶

**Part III**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL ASSISTANCE FUNDS ASSIST CHILDREN AND THEIR FAMILIES IN THE RESIDENTIAL/SPECIAL EDUCATION PROGRAMS IN NEW HAMPSHIRE AND VERMONT WITH EXPENSES INCLUDING CLOTHING, ACTIVITIES AND MEDICAL AND DENTAL SERVICES	409		235,073		ASSISTS CHILDREN AND THEIR FAMILIES IN THE RESIDENTIAL/SPECIAL EDUCATION PROGRAMS IN NEW HAMPSHIRE AND VERMONT WITH EXPENSES INCLUDING CLOTHING, ACTIVITIES AND MEDICAL AND DENTAL SERVICES
(2) VETERANS COUNT FUNDS ASSIST VETERANS AND CURRENT SERVICE MEMBERS AND THEIR FAMILIES WHO ARE IN PRE, DURING OR POST-DEPLOYMENT STATUS WITH CRITICAL AND EMERGENCY NEEDS SUCH AS RENT AND MORTGAGE, FOOD AND OTHER NECESSARY HOUSEHOLD SUPPLIES, GASOLINE, AUTO REPAIRS, AND OTHER TRANSPORTATION-RELATED EXPENSES, HEATING OIL, GAS, ELECTRICITY AND OTHER UTILITIES, CHILDCARE, RESPITE CARE, AND CAMP TUITIONS, MEDICAL CO-PAYS AND PRESCRIPTIONS	231		236,571		VETERANS COUNT FUNDS ASSIST VETERANS AND CURRENT SERVICE MEMBERS AND THEIR FAMILIES WHO ARE IN PRE, DURING OR POST-DEPLOYMENT STATUS WITH CRITICAL AND EMERGENCY NEEDS SUCH AS RENT AND MORTGAGE, FOOD AND OTHER NECESSARY HOUSEHOLD SUPPLIES, GASOLINE, AUTO REPAIRS, AND OTHER TRANSPORTATION-RELATED EXPENSES, HEATING OIL, GAS, ELECTRICITY AND OTHER UTILITIES, CHILDCARE, RESPITE CARE, AND CAMP TUITIONS, MEDICAL CO-PAYS AND PRESCRIPTIONS
(3) SENIORS COUNT FUNDS ASSIST FRAIL SENIORS WITH SERVICES AND/OR ITEMS THAT ARE UNFUNDED FROM OTHER SOURCES, SUCH AS PERSONAL CARE PRODUCTS, LIFT CHAIRS, EMERGENCY RESPONSE SYSTEMS, FOOD AND OTHER NECESSARY HOUSEHOLD SUPPLIES, TRANSPORTATION-RELATED EXPENSES, HEATING OIL, GAS, ELECTRICITY AND OTHER UTILITIES, RESPITE CARE, MEDICAL CO-PAYS AND PRESCRIPTIONS, ADAPTIVE EQUIPMENT, AND MINOR HOME MODIFICATIONS	360		97,945		SENIORS COUNT FUNDS ASSIST FRAIL SENIORS WITH SERVICES AND/OR ITEMS THAT ARE UNFUNDED FROM OTHER SOURCES, SUCH AS PERSONAL CARE PRODUCTS, LIFT CHAIRS, EMERGENCY RESPONSE SYSTEMS, FOOD AND OTHER NECESSARY HOUSEHOLD SUPPLIES, TRANSPORTATION-RELATED EXPENSES, HEATING OIL, GAS, ELECTRICITY AND OTHER UTILITIES, RESPITE CARE, MEDICAL CO-PAYS AND PRESCRIPTIONS, ADAPTIVE EQUIPMENT, AND MINOR HOME MODIFICATIONS
(4) COMMUNITY BASED SERVICES FUNDS ASSIST ADULTS AND THEIR FAMILIES IN THE IN NEW HAMPSHIRE WITH EXPENSES INCLUDING CLOTHING, ACTIVITIES AND MEDICAL AND DENTAL SERVICES	252		121,755		COMMUNITY BASED SERVICES FUNDS ASSIST ADULTS AND THEIR FAMILIES IN THE IN NEW HAMPSHIRE WITH EXPENSES INCLUDING CLOTHING, ACTIVITIES AND MEDICAL AND DENTAL SERVICES
(5) FINANCIAL ASSISTANCE FUNDS USED TO PURCHASE SEGWAYS FOR MEDICAL REHABILITATION CLIENTS WITH SPECIAL NEEDS	4		19,522		FINANCIAL ASSISTANCE FUNDS USED TO PURCHASE SEGWAYS FOR MEDICAL REHABILITATION CLIENTS WITH SPECIAL NEEDS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
EASTER SEALS NEW HAMPSHIRE INC

Employer identification number  
02-0272825

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LARRY GAMMON	(i)	142,630	47,190	17,710	29,868	4,496	241,894	0
	(ii)	167,437	55,397	20,790	35,061	5,278	283,963	0
(2) ELIN TREANOR	(i)	87,009	12,551	17,710	3,586	6,253	127,109	0
	(ii)	102,142	14,733	20,790	4,210	7,338	149,213	0
(3) NOEL SULLIVAN	(i)	85,844	4,600	9,492	1,917	3,319	105,172	0
	(ii)	100,773	5,400	11,143	2,251	3,896	123,463	0
(4) KAREN VAN DER BEKEN	(i)	105,363	13,157	32,340	2,534	11,024	164,418	0
	(ii)	20,069	2,506	6,160	483	2,096	31,314	0
(5) TINA SHARBY	(i)	43,003	6,125	7,590	1,097	11,350	69,165	0
	(ii)	50,482	7,191	8,910	1,289	13,325	81,197	0
(6) EARL SIMPSON	(i)	135,043	0	7,467	2,987	19,396	164,893	0
	(ii)	0	0	0	0	0	0	0
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4B	LARRY GAMMON, 58,500 ELIN TREANOR, 3,500
	PART I, LINE 7	OFFICER BONUSES ARE AWARDED BASED UPON THE COMPLETION OF GOALS ESTABLISHED BY THE COMPENSATION COMMITTEE. KEY EMPLOYEE BONUSES ARE AWARDED BASED UPON THE COMPLETION OF GOALS ESTABLISHED BY THE CORPORATE OFFICERS.
SUPPLEMENTAL INFORMATION	PART III	THE AMOUNTS REPORTED IN PART VII, COLUMN (D) AND SCHEDULE J, PART II, ROW (I) OF THIS FORM 990 REFLECT THE COMPENSATION RECEIVED WITH RESPECT TO SERVICES PERFORMED FOR THE REPORTING ENTITY ONLY. THE BALANCE OF THE INDIVIDUAL'S COMPENSATION IS REPORTED IN PART VII, COLUMN (E) AND SCHEDULE J, PART II, ROW (II). THE SUM OF PART VII COLUMNS (D) AND (E) EQUAL BOX 5 OF THE RESPECTIVE EMPLOYEE'S 2009 FORM W-2. LARRY GAMMON ELIN TREANOR KAREN VANDERBEKEN NOEL SULLIVAN DOROTHY TUTTLE KATHERINE KITTLE TINA SHARBY.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EASTER SEALS NEW HAMPSHIRE INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number  
02-0272825

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY	02-0279866	644614KP3	12-02-2004	16,060,000	ACQUISITION, CONSTRUCTION, INSTALLATION AND EQUIPING		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	16,060,000							
4	Gross proceeds in reserve funds	258,787							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	314,858							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	15,745,142							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						



Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	RBS CITIZENS NA							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
EASTER SEALS NEW HAMPSHIRE INC

Employer identification number  
02-0272825

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ( )		See Add'l Data		
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part III**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 02-0272825  
Name: EASTER SEALS NEW HAMPSHIRE INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ▶ ( ASSISTANCE )	X	22	58,840	
AUCTION				
Other ▶ ( ITEMS )	X	143	27,801	
Other ▶ ( ENTERTAINMENT )	X	1	1,000	
Other ▶ ( EQUIPMENT )	X	3	594	
EVENT				
Other ▶ ( PRIZES )	X	3	14,009	
Other ▶ ( FACILITIES )	X	3	9,441	
Other ▶ ( MEDIA )	X	11	77,678	
Other ▶ ( MISCELLANEOUS )	X	7	18,290	
Other ▶ ( FOOD/BEVERAGES )	X	39	44,875	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization EASTER SEALS NEW HAMPSHIRE INC	Employer identification number 02-0272825
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE COMPLETED IRS FORM 990 IS PRESENTED TO A BOARD OF DIRECTORS' COMMITTEE OF THE PARENT ORGANIZATION, EASTER SEALS NEW HAMPSHIRE, INC , FOR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IT SHALL BE AGAINST THE POLICY OF EASTER SEALS NEW HAMPSHIRE, INC TO HAVE CONFLICTS OF INTEREST WITH ITS DIRECTORS, OFFICERS, STAFF OR MEMBERS OF THEIR IMMEDIATE FAMILIES IN THE EVENT OF A PECUNIARY BENEFIT TRANSACTION AS DEFINED BY NH LAW IN RSA 7 19-A, IT SHALL BE THE POLICY OF EASTER SEALS NEW HAMPSHIRE, INC TO FOLLOW THE STATUTE INCLUDED BUT NOT LIMITED TO THE FOLLOWING, THE PROCEDURE SHALL BE THAT EACH DIRECTOR SHALL COMPLETE A QUESTIONNAIRE ON THE RELATED ENTITIES AND PERSONS AND BUSINESS ACTIVITIES OF THE DIRECTOR AND MEMBERS OF THE DIRECTOR'S IMMEDIATE FAMILY AS DEFINED BY STATUTE AND SUCH QUESTIONNAIRE SHALL BE ON FILE AT THE OFFICE OF THE CORPORATION IN THE EVENT THE CORPORATION OR ANY DIRECTOR BECOMES AWARE OF ANY POTENTIAL PECUNIARY BENEFIT TRANSACTION AS DEFINED BY LAW, THE CORPORATION SHALL FOLLOW THE PROCEDURES PRESCRIBED BY LAW AND GIVE NOTICE OF THE TRANSACTION TO THE FULL BOARD WITH NOTICE OF ITS NEXT MEETING AT THE MEETING, THE BOARD SHALL VOTE ON WHETHER THE PECUNIARY BENEFIT TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION, AFTER FULL EXPLANATION THEREOF AND WITHOUT THE DIRECTOR BEING PRESENT AND WITHOUT ANY DIRECTOR WHO HAS HAD A PECUNIARY BENEFIT TRANSACTION WITHIN THE FISCAL YEAR BEING PRESENT IF TWO THIRDS (2/3RDS) OF THE ENTIRE BOARD SHALL VOTE THAT THE PECUNIARY BENEFIT TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION, THE TRANSACTION SHALL BE ALLOWED NOTICE OF ANY SUCH PECUNIARY BENEFIT TRANSACTION THE VALUE OF WHICH IS \$5,000 OR MORE SHALL BE PUBLISHED ACCORDING TO STATUTE NOTICE OF ALL PECUNIARY BENEFIT TRANSACTIONS SHALL BE GIVEN TO THE DIRECTOR OF CHARITABLE TRUSTS OF THE STATE OF NEW HAMPSHIRE ANNUALLY WITH THE REPORTING BY THE CORPORATION AND INDIVIDUALLY FOR THOSE TRANSACTIONS EXCEEDING \$5,000

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>EASTER SEALS NEW HAMPSHIRE, INC IS THE PARENT ORGANIZATION WITH OVERSIGHT AND RESPONSIBILITY FOR NINE NON PROFIT SUBSIDIARY ENTITIES EASTER SEALS NEW YORK, INC , EASTER SEALS MAINE, INC , EASTER SEALS RHODE ISLAND, INC , EASTER SEALS CONNECTICUT, INC , EASTER SEALS VERMONT, INC , HARBOR SCHOOLS, INC , SPECIAL TRANSIT SERVICE, INC , MANCHESTER ALCOHOLISM REHABILITATION CENTER, AND AGENCY REALTY, INC WHILE 100% OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS PAID BY EASTER SEALS NEW HAMPSHIRE, EACH OF THE OFFICERS AND KEY EMPLOYEES ALSO SUPPORT THE NINE RELATED ORGANIZATIONS THESE ORGANIZATIONS BENEFIT FROM ALL SERVICES OF THE OFFICER AND KEY EMPLOYEE FUNCTIONS, AND THIS STRUCTURE ALLOWS FOR MAJOR COST SAVINGS AS A RESULT OF NOT HIRING OR FILLING OFFICER OR KEY EMPLOYEE POSITIONS IN EACH OF THE SUBSIDIARY ENTITIES A SIGNIFICANT PORTION OF COMPENSATION IS SUPPORTED FINANCIALLY BY THE NINE ENTITIES AND REIMBURSED TO EASTER SEALS NEW HAMPSHIRE EASTER SEALS NEW HAMPSHIRE'S SHARE, AS PARENT ORGANIZATION IS 50%, AND THE OTHER ENTITIES REIMBURSE EASTER SEALS NEW HAMPSHIRE FOR THEIR PROPORTIONATE SHARE EASTER SEALS NEW HAMPSHIRE, INC HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT IS MADE UP OF FORMER CHAIRS OF THE BOARD OF DIRECTORS AND OTHER DIRECTORS IT MEETS ANNUALLY AND REVIEWS DATA ON COMPARABLE NOT-FOR-PROFIT EXECUTIVES OF SIMILAR SIZED ORGANIZATIONS IN THE GEOGRAPHICAL AREA IN WHICH WE OPERATE THAT DATA IS COMPILED FROM INFORMATION GATHERED BY THE SENIOR VICE PRESIDENT FOR HUMAN RESOURCES AND SUBMITTED TO THE COMMITTEE THE COMMITTEE MEETS INDEPENDENTLY TO REVIEW THE PERFORMANCE OF THE PRESIDENT, MEETS WITH THE PRESIDENT TO OBTAIN HIS INPUT, AND THEN RECOMMENDS COMPENSATION LEVELS IT THEN SUBMITS ITS REPORT TO THE ENTIRE BOARD OF DIRECTORS WHICH MEETS IN EXECUTIVE SESSION TO REVIEW THE PROCESS AND THE RECOMMENDATIONS THE COMMITTEE ALSO REVIEWS THE COMPENSATION OF THE HIGHEST LEVEL EMPLOYEES AND PROVIDES INPUT TO THE PRESIDENT IN SETTING THEIR COMPENSATION</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S IRS FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG OR BY APPOINTMENT AT THE CORPORATE OFFICES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE BY APPOINTMENT AT THE ORGANIZATION'S CORPORATE OFFICES IN MANCHESTER, NH



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 676,379 ADJUSTMENT OF INTEREST RATE SWAP TO FAIR VALUE 139,733 INCREASE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST HELD BY OTHERS 2,862 TRANSFER TO AFFILIATES -6,572,141 TOTAL TO FORM 990, PART XI, LINE 5 - 5,753,167

Identifier	Return Reference	Explanation
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEE COMPENSATION	SCHEDULE J, PART II	<p>EASTER SEALS NEW HAMPSHIRE, INC IS THE PARENT ORGANIZATION WITH OVERSIGHT AND RESPONSIBILITY FOR NINE NON PROFIT SUBSIDIARY ENTITIES EASTER SEALS NEW YORK, INC , EASTER SEALS MAINE, INC , EASTER SEALS RHODE ISLAND, INC , EASTER SEALS CONNECTICUT, INC , EASTER SEALS VERMONT, INC , HARBOR SCHOOLS, INC , SPECIAL TRANSIT SERVICE, INC , MANCHESTER ALCOHOLISM REHABILITATION CENTER, AND AGENCY REALTY, INC WHILE 100% OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS PAID BY EASTER SEALS NEW HAMPSHIRE, EACH OF THE OFFICERS AND KEY EMPLOYEES ALSO SUPPORT THE NINE RELATED ORGANIZATIONS THESE ORGANIZATIONS BENEFIT FROM ALL SERVICES OF THE OFFICER AND KEY EMPLOYEE FUNCTIONS, AND THIS STRUCTURE ALLOWS FOR MAJOR COST SAVINGS AS A RESULT OF NOT HIRING OR FILLING OFFICER OR KEY EMPLOYEE POSITIONS IN EACH OF THE SUBSIDIARY ENTITIES A SIGNIFICANT PORTION OF COMPENSATION IS SUPPORTED FINANCIALLY BY THE NINE ENTITIES AND REIMBURSED TO EASTER SEALS NEW HAMPSHIRE EASTER SEALS NEW HAMPSHIRE'S SHARE, AS PARENT ORGANIZATION IS 50%, AND THE OTHER ENTITIES REIMBURSE EASTER SEALS NEW HAMPSHIRE FOR THEIR PROPORTIONATE SHARE EASTER SEALS NEW HAMPSHIRE, INC HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT IS MADE UP OF FORMER CHAIRS OF THE BOARD OF DIRECTORS AND OTHER DIRECTORS IT MEETS ANNUALLY AND REVIEWS DATA ON COMPARABLE NOT-FOR-PROFIT EXECUTIVES OF SIMILAR SIZED ORGANIZATIONS IN THE GEOGRAPHICAL AREA IN WHICH WE OPERATE THAT DATA IS COMPILED FROM INFORMATION GATHERED BY THE SENIOR VICE PRESIDENT FOR HUMAN RESOURCES AND SUBMITTED TO THE COMMITTEE THE COMMITTEE MEETS INDEPENDENTLY TO REVIEW THE PERFORMANCE OF THE PRESIDENT, MEETS WITH THE PRESIDENT TO OBTAIN HIS INPUT, AND THEN RECOMMENDS COMPENSATION LEVELS IT THEN SUBMITS ITS REPORT TO THE ENTIRE BOARD OF DIRECTORS WHICH MEETS IN EXECUTIVE SESSION TO REVIEW THE PROCESS AND THE RECOMMENDATIONS THE COMMITTEE ALSO REVIEWS THE COMPENSATION OF THE HIGHEST LEVEL EMPLOYEES AND PROVIDES INPUT TO THE PRESIDENT IN SETTING THEIR COMPENSATION `</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
EASTER SEALS NEW HAMPSHIRE INC

Employer identification number  
02-0272825

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:  
Software Version:  
EIN: 02-0272825  
Name: EASTER SEALS NEW HAMPSHIRE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
EASTER SEALS NEW YORK INC  103 WHITE SPRUCE BLVD ROCHESTER, NY14623 13-5596808	SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS	NY	501(C)(3)	170(B)(1)(A)(VI)	EASTER SEALS NEW HAMPSHIRE INC		No
EASTER SEALS MAINE INC  125 PRESUMPCOT STREET PORTLAND, ME04103 86-1073632	SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS	ME	501(C)(3)	170(B)(1)(A)(VI)	EASTER SEALS NEW HAMPSHIRE INC		No
EASTER SEALS RHODE ISLAND INC  213 ROBINSON STREET WAKEFIELD, RI02879 26-0833287	SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS	RI	501(C)(3)	170(B)(1)(A)(VI)	EASTER SEALS NEW HAMPSHIRE INC		No
HARBOR SCHOOLS INC  102 WEST MAIN STREET MERRIMAC, MA01860 04-2523961	SPECIAL EDUCATION & RESIDENTIAL SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS	MA	501(C)(3)	170(B)(1)(A)(II)	EASTER SEALS NEW HAMPSHIRE INC		No
MANCHESTER ALCOHOLISM REHABILITATION CENTER  235 HANOVER STREET MANCHESTER, NH03104 02-0349962	INPATIENT AND OUTPATIENT CHEMICAL DEPENDENCY TREATMENT	NH	501(C)(3)	170(B)(1)(A)(VI)	EASTER SEALS NEW HAMPSHIRE INC		No
SPECIAL TRANSIT SERVICE INC  555 AUBURN STREET MANCHESTER, NH03103 02-0343287	TRANSPORTION SERVICES FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS	NH	501(C)(3)	509(A)(2)	EASTER SEALS NEW HAMPSHIRE INC		No
AGENCY REALTY INC  555 AUBURN STREET MANCHESTER, NH03103 22-2586252	LEASE PROPERTY TO NON PROFIT ORGANIZATIONS	NH	501(C)(2)	509(A)(2)	EASTER SEALS NEW HAMPSHIRE INC		No
EASTER SEALS CONNECTICUT INC  733 SUMMER STREET STAMFORD, CT06109 06-0653197	SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS	CT	501(C)(3)	170(B)(1)(A)(VI)	EASTER SEALS NEW HAMPSHIRE INC		No
EASTER SEALS VERMONT INC  641 COMSTOCK ROAD BERLIN, VT05602 27-2867988	SERVICES PROVIDED FOR INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES	VT	501(C)(3)	170(B)(1)(A)(VI)	EASTER SEALS NEW HAMPSHIRE INC		No



Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	AGENCY REALTY INC	P	3,370,327	CASH
(2)	EASTER SEALS CONNECTICUT INC	P	46,554	CASH
(3)	MANCHESTER ALCOHOLISM REHABILITATION CENTER	P	598,761	CASH
(4)	HARBOR SCHOOLS	P	563,959	CASH
(5)	EASTER SEALS MAINE INC	P	2,184,565	CASH
(6)	EASTER SEALS NEW YORK INC	P	429,514	CASH
(7)	EASTER SEALS RHODE ISLAND INC	O	11,668	CASH
(8)	SPECIAL TRANSIT SERVICES INC	P	572,120	CASH
(9)	EASTER SEALS VERMONT INC	O	1,382,637	CASH