

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**2009**

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: D Acres of New Hampshire, Inc.  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 98  
 City or town, state or country, and ZIP + 4  
Runney NH 03266

**D** Employer identification number: 20-0489664

**E** Telephone number: 603-786-2366

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$: 116,955

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: www.dacres.org

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2003 **M** State of legal domicile: NH

**H(c)** Group exemption number ▶ \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Educational activities &amp; programs to research, apply &amp; teach skills for sustainable living &amp; organic farming.</u>		
	<b>2</b> Check this box <input 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>	<u>9</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>9</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<u>7</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	77,181	44,192
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,206	21,154
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98	98
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,994	48,303
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,381	113,747
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,265	34,550
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,686</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	82,528	82,445
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	124,793	116,995
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	13,588	-3,248
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	50,338	46,760
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	743	413
		49,595	46,347

**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** Signature of officer: CLIENT COPY Date: \_\_\_\_\_  
 Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: Ronda J Milanowski, CPA Date: 5/11/10 Check if self-employed:  Preparer's identifying number (see instructions): P00234628

Firm's name (or yours if self-employed), address, and ZIP + 4: Malone, Dirubbo & Company, P.C.  
9 West St.  
Lincoln, NH 03251-9707

EIN ▶ 02-0436087  
 Phone no. ▶ 603-745-3121

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.