

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

EXEMPT ORGANIZATION RETURNS

AUGUST 31, 2011

Nathan Wechsler & Company, P.A.
Certified Public Accountants
70 Commercial Street, Suite 401
Concord, NH 03301

December 9, 2011

New Hampshire Association for the Blind
McGreal Sight Center, 25 Walker Street
Concord, NH 03301
Attention: Bettejean Neveux

Dear Bettejean:

Enclosed are the original and one copy of the 2010 Exempt
Organization return, as follows...

2010 FORM 990

2010 FORM NHCT-2A

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
return.

We recommend that you use certified mail with post marked
receipt for proof of timely filing.

Sincerely,

Kelli Boyle, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2011

Prepared for	New Hampshire Association for the Blind McGreal Sight Center, 25 Walker Street Concord, NH 03301
Prepared by	Nathan Wechsler & Company, P.A. 70 Commercial Street, Suite 401 Concord, NH 03301
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	January 17, 2012
Special Instructions	The return should be signed and dated by an officer of the organization.

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning **SEP 1, 2010** and ending **AUG 31, 2011**

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	C Name of organization NEW HAMPSHIRE ASSOCIATION FOR THE BLIND Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite MCGREAL SIGHT CENTER, 25 WALKER STR City or town, state or country, and ZIP + 4 CONCORD, NH 03301 F Name and address of principal officer: GEORGE THERIAULT SAME AS C ABOVE	D Employer identification number 02-0223606 E Telephone number (603)224-4039 G Gross receipts \$ 3,304,210. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.SIGHTCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1912		M State of legal domicile: NH

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND IS THE ONLY STATEWIDE, PRIVATE, NON-PROFIT		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	114
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	908,244.	1,604,083.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,846.	600,603.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	261,061.	522,384.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,063.	-20,327.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,668,088.	2,706,743.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,414,658.	1,473,493.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 447,180.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	563,692.	594,791.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,978,350.	2,068,284.
	19 Revenue less expenses. Subtract line 18 from line 12	-310,262.	638,459.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,883,613.	8,113,016.
	22 Net assets or fund balances. Subtract line 21 from line 20	480,259.	470,877.
		6,403,354.	7,642,139.

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 MICHELLE ARRUDA, CHAIRPERSON Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature DEC 29 2010	<input type="checkbox"/> PTIN <input checked="" type="checkbox"/> self-employed
	Firm's name ▶ NATHAN WECHSLER & COMPANY, P.A. Firm's address ▶ 70 COMMERCIAL STREET, SUITE 401 CONCORD, NH 03301	Firm's EIN ▶ Phone no. 603-224-5357

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND IS TO ADVANCE THE INDEPENDENCE OF PERSONS WHO ARE BLIND AND VISUALLY IMPAIRED. THE ASSOCIATION CARRIES OUT ITS MISSION BY PROVIDING COUNSELING AND REFERRAL, REHABILITATION TEACHING, ORIENTATION AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 437,293. including grants of \$) (Revenue \$ 361,180.) EDUCATION SERVICES - PROGRAMS ARE PROVIDED FOR SCHOOL AGE CHILDREN WHO ARE EXPERIENCING VISUAL DIFFICULTIES AND/OR BLINDNESS: SPECIALIZED INSTRUCTION IN DISABILITY-SPECIFIC COMPENSATORY SKILLS AND ADAPTIVE TECHNIQUES PROVIDED BY A TEACHER OF THE VISUALLY IMPAIRED. INCLUDES ORIENTATION AND MOBILITY INSTRUCTION, PERSONAL MANAGEMENT AND ALTERNATIVE COMMUNICATION SKILLS. THE ASSOCIATION PROVIDED SERVICE TO 88 STUDENTS IN 32 DISTRICTS DURING THE 2010/2011 SCHOOL YEAR. SERVICES ARE PROVIDED IN THE SCHOOL AND COMMUNITY THROUGHOUT THE 180 SCHOOL DAYS. EACH STUDENT HAS AN INDIVIDUAL EDUCATION PLAN AND SETS SPECIFIC GOALS AND OUTCOMES.

4b (Code:) (Expenses \$ 275,065. including grants of \$) (Revenue \$ 3,079.) SOCIAL WORK - THE SOCIAL WORK PROGRAM INCLUDES INDIVIDUAL AND FAMILY ADJUSTMENT TO VISION LOSS COUNSELING, SUPPORT GROUPS AND REFERRALS TO COMMUNITY SERVICES. THE AVERAGE NUMBER OF CLIENTS RECEIVING INTAKE, CASE MANAGEMENT AND REFERRAL MONTHLY IS 120 (1,441 TOTAL FOR THE YEAR). THE NUMBER OF CLIENTS/FAMILY MEMBERS OFFERED ADJUSTMENT TO BLINDNESS COUNSELING WAS 470 OVER THE PAST YEAR. THE AVERAGE NUMBER OF CLIENTS IN PEER SUPPORT PROGRAMS MONTHLY IS 35-40.

4c (Code:) (Expenses \$ 240,318. including grants of \$) (Revenue \$ 122,195.) LOW VISION SERVICES PROVIDED BY EYE CARE PROFESSIONAL AND LOW VISION THERAPISTS. THESE SERVICES ASSIST PEOPLE WHO ARE PARTIALLY SIGHTED TO USE THEIR REMAINING VISION MORE EFFECTIVELY, THROUGH LOW VISION EVALUATIONS AND TRAINING IN THE USE OF LOW VISION AIDS. 617 CLIENTS RECEIVED LOW VISION SERVICES DURING THE YEAR.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 460,542. including grants of \$) (Revenue \$ 114,149.)

4e Total program service expenses 1,413,218.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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 through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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		
			14
b	Enter the number of voting members included in line 1a, above, who are independent		
			14
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization		X
	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?		X
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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NH**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GEORGE THERIAULT, PRESIDENT AND CEO - (603)224-4039**
NEW HAMPSHIRE ASSOCIATION FOR THE BLIND, 25 WALKER STREET, CONCORD, NH

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
JOYCE MEISEL IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.
AMY NICHOLS, CPA TREASURER	1.00	X		X			0.	0.	0.
MICHELLE ARRUDA, ESQ CHAIRPERSON	7.00	X		X			0.	0.	0.
PERSIS GOW BOARD MEMBER	4.00	X					0.	0.	0.
GUY LESSARD, O.D. BOARD MEMBER	0.50	X					0.	0.	0.
SUSAN MANCHESTER, ESQ VICE CHAIR	2.00	X		X			0.	0.	0.
DOREEN MANETTA SECRETARY	0.50	X		X			0.	0.	0.
RANDY PIERCE BOARD MEMBER	2.00	X					0.	0.	0.
GAYLE YARNALL BOARD MEMBER	1.80	X					0.	0.	0.
BETTY LASKY BOARD MEMBER	1.00	X					0.	0.	0.
STEPHEN SHURTLEFF BOARD MEMBER	2.00	X					0.	0.	0.
ROBERT WERNER BOARD MEMBER	0.50	X					0.	0.	0.
TERRI MCGREW BOARD MEMBER	0.50	X					0.	0.	0.
ROGER BOUCHARD BOARD MEMBER	0.00	X					0.	0.	0.
LORI CHANDONNAIS BOARD MEMBER	0.00	X					0.	0.	0.
SHARON CHOLETTE BOARD MEMBER	0.00	X					0.	0.	0.
KATHLEEN HAYES BOARD MEMBER	1.00	X					0.	0.	0.

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			
THOMAS PARE BOARD MEMBER	1.00	X					0.	0.	0.	
GEORGE THERIAULT PRESIDENT AND CEO	40.00			X			133,318.	0.	14,184.	
1b Sub-total							133,318.	0.	14,184.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							133,318.	0.	14,184.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For 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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	77,699.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,526,384.				
	g Noncash contributions included in lines 1a-1f: \$		5,781.				
	h Total. Add lines 1a-1f		1,604,083.				
Program Service Revenue	2 a SERVICE REVENUE	Business Code 900099	600,603.	600,603.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		600,603.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		186,554.			186,554.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	888,000.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	552,170.				
		c Gain or (loss)	335,830.				
	d Net gain or (loss)		335,830.			335,830.	
	8 a Gross income from fundraising events (not including \$ 77,699. of contributions reported on line 1c). See Part IV, line 18	a	24,970.				
		b Less: direct expenses	45,297.				
c Net income or (loss) from fundraising events			-20,327.			-20,327.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			2,706,743.	600,603.	0.	502,057.	

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 VII.	(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				
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	129,951.	66,275.	27,290.	36,386.
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	1,117,584.	835,926.	71,621.	210,037.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,403.	26,547.	1,872.	8,984.
9 Other employee benefits	96,777.	77,437.	6,207.	13,133.
10 Payroll taxes	91,778.	66,754.	6,929.	18,095.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,960.	2,407.	13,553.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,300.		34,300.	
g Other				
12 Advertising and promotion				
13 Office expenses	17,007.	7,132.	3,823.	6,052.
14 Information technology				
15 Royalties				
16 Occupancy	120,292.	77,675.	13,236.	29,381.
17 Travel	79,524.	74,432.	2,272.	2,820.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,149.	13,958.	5,362.	1,829.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,552.	47,854.	8,444.	11,254.
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 MAIL PROGRAM EXPENSES	73,739.			73,739.
b AIDS & PROGRAM SUPPLIES	69,741.	69,741.		
c CAMPAIGN EXPENSES	24,403.		4,026.	20,377.
d NEWSLETTER & PUBLIC RLT	24,098.	15,404.	0.	8,694.
e TELEPHONE	14,161.	10,333.	1,641.	2,187.
f All other expenses	32,865.	21,343.	7,310.	4,212.
25 Total functional expenses. Add lines 1 through 24f	2,068,284.	1,413,218.	207,886.	447,180.
26 Joint costs. Check here <input 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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	345.	1	330.
	2	Savings and temporary cash investments	23,800.	2	110,359.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,355.	4	40,035.
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	32,037.	8	29,281.
	9	Prepaid expenses and deferred charges	13,300.	9	18,684.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,258,777.		
	b	Less: accumulated depreciation	10b 1,468,286.		
	11	Investments - publicly traded securities	4,907,916.	11	5,599,599.
	12	Investments - other securities. See Part IV, line 11	1,085,168.	12	1,507,333.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,852.	15	16,904.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,883,613.	16	8,113,016.	
Liabilities	17	Accounts payable and accrued expenses	134,476.	17	157,488.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,351.	23	588.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	343,432.	25	312,801.
	26	Total liabilities. Add lines 17 through 25	480,259.	26	470,877.
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	4,028,351.	27	4,713,669.
	28	Temporarily restricted net assets	300,468.	28	442,625.
	29	Permanently restricted net assets	2,074,535.	29	2,485,845.
	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	6,403,354.	33	7,642,139.	
34	Total liabilities and net assets/fund balances	6,883,613.	34	8,113,016.	

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	2,706,743.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,068,284.
3	Revenue less expenses. Subtract line 2 from line 1	3	638,459.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,403,354.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	600,326.
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	7,642,139.

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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.	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
3b	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.		

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.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
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	<input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.")	1540422.	1115856.	1363748.	908,244.	1604083.	6532353.
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	431,598.	503,897.	552,511.	529,964.	625,573.	2643543.
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	1972020.	1619753.	1916259.	1438208.	2229656.	9175896.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						9175896.

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	1972020.	1619753.	1916259.	1438208.	2229656.	9175896.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185,008.	189,064.	178,761.	157,043.	186,554.	896,430.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	185,008.	189,064.	178,761.	157,043.	186,554.	896,430.
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.)		7,454.	13,227.			20,681.
13 Total support (Add lines 9, 10c, 11, and 12.)	2157028.	1816271.	2108247.	1595251.	2416210.	10093007.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	90.91 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	90.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	8.88 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	9.24 %

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 **stop here.** 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 **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE 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 **NEW HAMPSHIRE ASSOCIATION FOR THE BLIND** Employer identification number **02-0223606**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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.

- If the organization elected, as permitted under SFAS 116 (ASC 958), 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.
- If the organization elected, as permitted under SFAS 116 (ASC 958), 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	▶ \$ _____
- 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, 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
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	4,457,905.	4,992,288.	5,110,974.		
b Contributions	966,169.	263,425.	1,043,319.		
c Net investment earnings, gains, and losses	611,212.	279,706.	-402,535.		
d Grants or scholarships					
e Other expenditures for facilities and programs	840,000.	1,049,377.	734,000.		
f Administrative expenses	34,300.	28,137.	25,470.		
g End of year balance	5,160,986.	4,457,905.	4,992,288.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 73.70 %
- b Permanent endowment 19.70 %
- c Term endowment 6.60 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	

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

Part VI 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		66,000.		66,000.
b Buildings		1,272,323.	686,043.	586,280.
c Leasehold improvements				
d Equipment		920,454.	782,243.	138,211.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				790,491.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHARITABLE GIFT ANNUITIES	38,246.	END-OF-YEAR MARKET VALUE
(B) BENEFICIAL INTEREST IN		
(C) TRUSTS	1,469,087.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,507,333.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED DEFERRED COMPENSATION	290,038.
(3) PRESENT VALUE OBLIGATION OF	
(4) CHARITABLE GIFT ANNUITIES	22,763.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	312,801.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,706,743.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,068,284.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	638,459.
4	Net unrealized gains (losses) on investments	4	177,156.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	423,170.
9	Total adjustments (net). Add lines 4 through 8	9	600,326.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,238,785.

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	3,321,894.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	177,156.
b	Donated services and use of facilities	2b	3,828.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	468,467.
e	Add lines 2a through 2d	2e	649,451.
3	Subtract line 2e from line 1	3	2,672,443.
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	34,300.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	34,300.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,706,743.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,083,109.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,828.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	45,297.
e	Add lines 2a through 2d	2e	49,125.
3	Subtract line 2e from line 1	3	2,033,984.
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	34,300.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	34,300.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,068,284.

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, line 2; 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.

PART V, LINE 4: THE INTENDED USE OF THE ASSOCIATION'S ENDOWMENT FUNDS

IS FOR CONTINUED OPERATIONS.

PART X, LINE 2: THE ASSOCIATION ADOPTED THE PROVISIONS OF FASB

INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB

ASC 740), ON SEPTEMBER 1, 2009. FASB ASC 740 SEEKS TO REDUCE THE

DIVERSITY IN PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND

RECOGNITION IN ACCOUNTING FOR INCOME TAXES. IN ADDITION, FASB ASC 740

Part XIV Supplemental Information (continued)

PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND ACCOUNTING IN INTERIM PERIODS AND REQUIRES EXPANDED DISCLOSURE WITH RESPECT TO THE UNCERTAINTY IN INCOME TAXES.

THE ASSOCIATION'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS INCLUDES A REVIEW OF ALL MATERIAL TAX POSITIONS FOR ALL TYPES OF TAXES IN ALL JURISDICTIONS AND FOR ALL OPEN YEARS IN ACCORDANCE WITH THE RECOGNITION AND MEASUREMENT REQUIREMENTS OF FASB ASC 740. THE MOST COMMON TAX POSITION FOR THE ASSOCIATION IS A POSITION TAKEN IN THE ENTITY'S TAX EXEMPT STATUS. HOWEVER, FASB ASC 740 ALSO LOOKS AT OTHER FORMS OF TAX POSITIONS, INCLUDING WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. ONCE THIS PROCESS IS COMPLETED, THE POSITIONS ARE EVALUATED IN TERMS OF THEIR LIKELIHOOD TO SUCCEED. FOR TAX POSITIONS THAT DO NOT MEET THE DEFINITION OF MORE LIKELY THAN NOT TO SUCCEED, NO TAX BENEFIT IS CONSIDERED. ONLY THOSE TAX POSITIONS THAT HAVE A GREATER-THAN-50% CHANCE OF BEING SUSTAINED ON AUDIT BY A KNOWLEDGEABLE AGENT ARE INCLUDED IN VALUING THE BENEFIT. THIS ANALYSIS IS PERFORMED USING ALL RELEVANT AUTHORITIES.

THE ASSOCIATION FILES THE FORM 990. WITH FEW EXCEPTIONS THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS ENDING BEFORE AUGUST 31, 2008. MANAGEMENT OF THE ASSOCIATION BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY IT WILL NOT RECOGNIZE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS 426,740.

Part XIV Supplemental Information (continued)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES -3,570.

TOTAL TO SCHEDULE D, PART XI, LINE 8 423,170.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS 426,740.

SPECIAL EVENT FUNDRAISING ACTIVITIES 45,297.

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES -3,570.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 468,467.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING ACTIVITIES 45,297.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WALK-A-THON (event type)	CONCERT EVENT (event type)	1 (total number)		
Revenue	1	Gross receipts	61,118.	40,351.	1,200.	102,669.
	2	Less: Charitable contributions	55,258.	22,441.		77,699.
	3	Gross income (line 1 minus line 2)	5,860.	17,910.	1,200.	24,970.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	3,588.			3,588.
	6	Rent/facility costs	4,648.	7,027.		11,675.
	7	Food and beverages	3,001.	500.		3,501.
	8	Entertainment		12,270.		12,270.
	9	Other direct expenses	9,129.	5,034.	100.	14,263.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(45,297.)
11	Net income summary. Combine line 3, column (d), and line 10				-20,327.	

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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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 990-EZ 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

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Employer identification number

02-0223606

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION THAT PROVIDES VISION REHABILITATION SERVICES TO PEOPLE OF ALL AGES WHO ARE BLIND OR HAVE SEVERE VISION IMPAIRMENTS. FOUNDED IN 1912, THE ASSOCIATION IS FULLY ACCREDITED BY THE NATIONAL ACCREDITATION COUNCIL FOR AGENCIES SERVING THE BLIND AND VISUALLY IMPAIRED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MOBILITY INSTRUCTION, LOW VISION SERVICES, ASSISTIVE TECHNOLOGY, VOLUNTEER SERVICES AS WELL AS EDUCATIONAL SERVICES FOR SCHOOL AGE CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REHABILITATION TEACHING -

THE REHABILITATION TECHNOLOGY PROGRAM HELPS AN INDIVIDUAL ADJUST TO A VISUAL IMPAIRMENT AND MAINTAIN HIS/HER INDEPENDENCE BY DEVELOPING PRACTICAL SKILLS OF DAILY LIVING, SUCH AS COOKING, BANKING, PERSONAL GROOMING AND HOME MANAGEMENT, READING AND WRITING BRAILLE, DIABETES MANAGEMENT/EDUCATION. 184 CLIENTS WERE SERVED UNDER THIS PROGRAM DURING THE YEAR ENDED AUGUST 31, 2011.

EXPENSES \$ 157,975. INCLUDING GRANTS OF \$ 0. REVENUE \$ 60,008.

ORIENTATION & MOBILITY INSTRUCTION INVOLVES SPECIALIZED TRAINING ON A ONE-TO-ONE BASIS TO HELP AN INDIVIDUAL DEVELOP SAFE INDEPENDENT TRAVEL SKILLS AND LEARN NEW ROUTES AND ENVIRONMENTS. 148 CLIENTS RECEIVED SERVICES UNDER THIS PROGRAM DURING THE YEAR.

EXPENSES \$ 124,853. INCLUDING GRANTS OF \$ 0. REVENUE \$ 51,799.

Name of the organization NEW HAMPSHIRE ASSOCIATION FOR THE BLIND	Employer identification number 02-0223606
---------------------------------------------------------------------	----------------------------------------------

PUBLIC EDUCATION, VOLUNTEER COORDINATION, AND TECHNOLOGY AND BRAILLE SERVICES

EXPENSES \$ 177,714. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,342.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE IRS FORM 990 DRAFT IS FORWARDED TO THE ENTIRE BOARD FOR REVIEW AND COMMENTS ARE FORWARDED TO THE VP OF FINANCE & ADMINISTRATION. AFTER A PERIOD OF TIME, ALL RECEIVED COMMENTS ARE THEN FORWARDED TO THE MEMBERS OF THE AUDIT /FINANCE COMMITTEES FOR DISCUSSION AND VOTE FOR APPROVAL TO FILE. ANY ADJUSTMENTS MADE AT THE COMMITTEE LEVEL ARE DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS AND DIRECTORS DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST ANNUALLY BY FILLING OUT A CONFLICT OF INTEREST QUESTIONNAIRE AND STATEMENT AND RETURNING IT TO THE SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A: THE CHAIR OF THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE PRESIDENT AND CEO BY EVALUATING PERFORMANCE BASED ON THE POSITION DESCRIPTION AND ANNUAL GOALS. THE REVIEW PROCESS IS ASSISTED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE BOARD ALSO REVIEWS COMPARABLE COMPENSATION DATA WHICH IS AVAILABLE FROM THE FOLLOWING RESOURCES: WWW.GUIDESTAR.ORG, WWW.NHNONPROFITS.ORG AND THE NONPROFIT TIMES ANNUAL COMPENSATION SURVEY. ADDITIONALLY, SALARIES OF OFFICERS FROM OTHER SIMILAR SIZED SERVICE ORGANIZATIONS SERVING THE BLIND THROUGHOUT THE UNITED STATES ARE COMPARED TO CURRENT COMPENSATION LEVELS. CHAIRMAN OF THE BOARD MAKES ANY RECOMMENDATION TO SALARY ADJUSTMENTS TO THE EXECUTIVE COMMITTEE FOR APPROVAL, WHO WILL UPON APPROVAL FORWARD TO THE

Name of the organization

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Employer identification number

02-0223606

FULL BOARD. DOCUMENTATION OF THE REVIEW WILL BE RECORDED IN THE MINUTES OF THE RESPONSIBLE COMMITTEE AND FINAL APPROVAL WILL BE RECORDED IN THE MINUTES OF THE FULL BOARD.

15B. THE ASSOCIATION CURRENTLY HAS NO KEY EMPLOYEES. IN THE EVENT AN EMPLOYEE MEETS THE REQUIREMENTS OF A KEY EMPLOYEE, THE PROCEDURES LISTED IN 15A WILL BE FOLLOWED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 990 IS AVAILABLE ON-LINE AT WWW.GUIDESTAR.ORG. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. DOCUMENTS WILL BE DELIVERED ELECTRONICALLY OR THROUGH THE POSTAL SERVICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	177,156.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	426,740.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	-3,570.
TOTAL TO FORM 990, PART XI, LINE 5	600,326.

FORM 990, PART XI, LINE 2C:

THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE ANNUAL AUDIT. THE AUDIT COMMITTEE ALSO RECOMMENDS THE INDEPENDENT AUDITOR. THE FULL BOARD OF DIRECTORS THEN VOTES TO ACCEPT THE INDEPENDENT AUDITOR. THERE WERE NO CHANGES IN THIS PROCESS FROM THE PRIOR YEAR.

NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
70 COMMERCIAL STREET, SUITE 401
CONCORD, NEW HAMPSHIRE
(603) 224-5357

INSTRUCTIONS FOR FILING

ANNUAL REPORT OF CHARITABLE ORGANIZATION - FORM NHCT-2A

New Hampshire Association for the Blind

YEAR ENDING

August 31, 2011

TO BE SIGNED
AND DATED BY: An officer (signature must be notarized)

AMOUNT DUE: \$75.00

DRAW CHECK TO: State of New Hampshire

MAIL REPORT TO: Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street
Concord, New Hampshire 03301-6397

**THE DEPARTMENT
OF JUSTICE
MUST RECEIVE
FORM:** January 16, 2012

SPECIAL
INSTRUCTIONS: The State requires you to attach a copy of the
Audited Financial Statements, which we have done
for you. Please do not remove it. Thank you.

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street
Concord, NH 03301-6397

Register of Charitable Trusts

Form NHCT-2A

ANNUAL REPORT

For the calendar year _____ or fiscal year beginning SEPTEMBER 1, 2010
and ending AUGUST 31, 2011 Registration number 1877

NAME OF ORGANIZATION: NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
ADDRESS: MCGREAL SIGHT CENTER, 25 WALKER STREET, CONCORD, NH
Please make name/address corrections here:

- A) Employer or Federal ID Number: 02-0223606
D) Tax exempt under section 501 (c) (3): check here if application for exemption is pending ()
G) Group return filed for affiliates? Yes _____ No X
Separate return filed by group affiliate? Yes _____ No X

PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN FUND BALANCES:

SEE ATTACHED FORM 990

Support and Revenue

- 1) Contributions, gifts, grants \$ _____
2) Program service revenue (see part V) _____
3) Membership dues and assessments _____
4) Interest on savings and cash investments _____
5) Dividends and interest from securities _____
9) Special fundraising events and activities
(Attach schedule, see instructions #6)
a) Gross revenue \$ _____
b) Minus: direct expenses _____
c) Net income (line 9a minus line 9b) _____
11) Other revenue (see part V) _____
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11) _____

Expenses

- 13) Program services (program service charities only) (see Part III) _____
14) Management and general (see line 44) _____
17) Total expenses (add lines 13 and 14) _____
Fund Balances Lines 18 Through 21 Must Be Completed
18) Excess (deficit) for the year (line 12 minus line 17) _____
19) Fund balances or net worth at the beginning of the year (see line 75) _____
20) Other changes in net assets or fund balance _____
(ATTACH EXPLANATION)
21) Fund balances or net worth at end of year (add lines 18 and 19)
(see also line 75) _____

Organization Name: NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

SEE ATTACHED FORM 990

PART II STATEMENT OF FUNCTIONAL EXPENSES

- 22) Grants and allocations (ATTACH SCHEDULE)
- 23) Specific assistance to individuals
- 24) Benefits paid to or for members
- 25) Compensation of officers, directors, etc.
- 26) Other salaries and wages
- 27) Pension plan contributions
- 28) Other employee benefits
- 29) Payroll taxes
- 30) Professional fundraising fees
- 31) Accounting fees
- 32) Legal fees
- 33) Supplies
- 34) Telephone
- 35) Postage and shipping
- 36) Occupancy
- 37) Equipment rental and maintenance
- 38) Printing and publications
- 39) Travel
- 40) Conferences, conventions, meetings
- 41) Interest
- 42) Depreciation (attach schedule)
- 43) Other expenses (itemized):
 - a)
 - b)
 - c)
 - d)
 - e)
- 44) Total functional expenses (enter on line 14)

Organization Name: NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

PART III STATEMENT OF PROGRAM SERVICES RENDERED (program service charities only)

DESCRIPTION	SEE ATTACHED FORM 990	EXPENSES
a) _____		\$ _____

b) _____		\$ _____

c) _____		\$ _____

TOTAL - MUST EQUAL LINE 13		\$ _____

Organization Name: NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

PART IV OFFICERS AND DIRECTORS

List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.

SEE ATTACHED STATEMENT A

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Attach sheet if additional space is required.

Organization Name: NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

**PART V PROGRAM SERVICE REVENUE AND OTHER REVENUE (State nature)
(Program service charities only)**

SEE ATTACHED FORM 990

	<u>Program Service</u>	<u>Other</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

PART VI BALANCE SHEETS

	<u>Beginning of Year</u>	<u>End of Year</u>
Assets		
45) Cash - non interest bearing	_____	_____
46) Savings and cash investments	_____	_____
47) Accounts receivable	_____	_____
48) Pledges receivable	_____	_____
49) Grants receivable	_____	_____
50) Receivables due from Officers, Directors, etc.	_____	_____
51) Other notes and loans receivable	_____	_____
52) Inventories for sale or use	_____	_____
53) Prepaid	_____	_____
54) Investments - securities	_____	_____
55) Investments - real estate	_____	_____
56) Investments - other	_____	_____
58) Other assets	_____	_____
59) Total assets (add lines 45 through 58)	_____	_____
Liabilities		
60) Accounts payable	_____	_____
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	_____	_____
Fund Balances or Net Worth	<u>Line 75 Must Be Completed</u>	
75) Net worth (assets, line 59, minus liabilities, line 66)	_____	_____

**NOTE: PLEASE BE SURE TO SIGN THE ANNUAL REPORT CERTIFICATE BEFORE
A NOTARY PUBLIC AND RETURN THE CERTIFICATE AND REPORT TO:**

Office of the Attorney General, Charitable Trusts Unit, 33 Capitol St., Concord, NH 03301-6397

FAILURE TO FILE ANNUAL FINANCIAL REPORTS WITH THE DEPARTMENT OF JUSTICE IN A
TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES
OF UP TO \$10,000.00 FOR EACH VIOLATION (RSA 7:28-f II (d))

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

1. Is there currently a conflict of interest policy in effect? Yes No
A Conflict of Interest Policy is required by law (see RSA 7:19 II)

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties?

Yes No

If yes, complete the following:

A. Was any real estate transaction involved? Yes No

B. Was a loan made to any director, officer or trustee? Yes No

C. Was a pecuniary benefit paid in excess of \$500?
If yes, attach copy of meeting minutes. Yes No

D. Was a pecuniary benefit paid in excess of \$5,000?
If yes, attach a copy of:

- Public Notice
- Meeting Minutes
- Employment Contract

E. Provide a list of each pecuniary benefit transaction involving a director, officer, trustee or member of the immediate family. Include names of recipient(s) and amount(s) of benefit as required under RSA 7:28.

NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as required under RSA 7:24.

New Hampshire Association for the Blind
 Board Member Listing
 August 31, 2011

Member	Position	Served through
Arruda, Michelle Devine, Millimet & Branch, Professional Association 43 North Main Street Concord, NH 03301	Chairperson	8/31/2011
Bouchard, Roger 100 Jobin Drive Manchester, NH 03103	Board Member	9/5/2010
Chandonnais, Lori Citizens Bank 875 Elm Street Manchester, NH 03101	Board Member	11/15/2010
Cholette, Sharon 15 Songbird Lane, Unit B Laconia, NH 03246-2047	Board Member	9/30/2010
Gow, Persis 149 East Side Drive #252 Concord, NH 03301-5475	Board Member	8/31/2011
Hayes, Kathleen Sr. VP/Regional Manager Commercial Real Estate Finance Ocean Bank 325 State Street Portsmouth, NH 03801	Board Member	5/31/2011
Lasky, Betty 15 Masefield Road Nashua, NH 03062	Board Member	8/31/2011
Lessard, Guy Willow EyeCare & Optical 345 S. Willow Street Manchester, NH 03103	Board Member	8/31/2011
Manchester, Susan Sheehan, Phinney, Bass & Green 100 Elm Street Manchester, NH 03101	Vice-Chairperson	8/31/2011

Statement A

Manetta, Doreen Market Manager/VP People's United Bank 606 Nashua Street Milford, NH 03055	Secretary	8/31/2011
McGrew, Terri 11 Rock Ramond Road Brookline, NH 03033	Board Member	8/31/2011
Meisel, Joyce Hillside Amublatory Surgical Center 14 Maple Street, Suite 200 Gilford, NH 03249	Immediate Past Chair	8/31/2011
Nichols, Amy 4 Woodland Drive Epsom, NH 03234	Treasurer	8/31/2011
Pare, Thomas Hession & Pare, P.C. 62 Stark Street Manchester, NH 03101	Board Member	8/31/2011
Pierce, Randy 109 E. Glenwood Street Nashua, NH 03060	Board Member	8/31/2011
Shurtleff, Stephen 11 Vinton Drive Penacook, NH 03303	Board Member	8/31/2011
Werner, Robert Werner Mazda 1050 Gold Street Manchester, NH 03103	Board Member	8/31/2011
Yarnall, Gayle Adaptive Technology Consulting PO Box 778 Amesbury, MA 01913	Board Member	8/31/2011

Statement A