

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.

Open to Public Inspection

A For the 2008 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
Rumney NH 03266

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

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

G Gross receipts \$: **155,434**

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**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Educational activities & programs to research, apply & teach skills for sustainable living & organic farming.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
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)	67,673	77,181
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,912	21,206
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,970	39,994
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,526	138,381
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,634	42,265
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,979		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	75,649	82,528
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	111,283	124,793	
19 Revenue less expenses. Subtract line 18 from line 12	5,243	13,588	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	37,391	50,338
	22 Net assets or fund balances. Subtract line 21 from line 20	1,384	743
		36,007	49,595

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'S COPY** _____ Date: _____
 Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: **Ronda J Kilanowski, CPA** Date: **7/28/09**
 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