

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 **JUL 1, 2010** and ending **JUN 30, 2011**

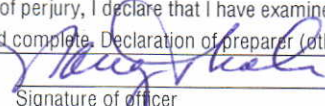
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF STATE DIRECTORS OF DEVELOPMENTAL DISABILITIES SERVICES		D Employer identification number 23-7013310
	Doing Business As		E Telephone number 703-683-4202
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 113 ORONOCO STREET	G Gross receipts \$ 2,244,580.	
	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314		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
F Name and address of principal officer: NANCY THALER SAME AS C ABOVE			
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.NASDDDS.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: 1964 M State of legal domicile: WA	

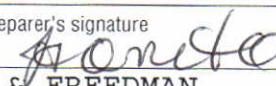
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1			
	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)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	9	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.	340,439.
	9	Program service revenue (Part VIII, line 2g)	2,268,247.	1,842,921.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-29,351.	43,775.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,040.	17,445.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,246,936.	2,244,580.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,063,528.	972,032.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,073,562.	1,215,491.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,137,090.	2,187,523.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	109,846.	57,057.
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,597,679.	1,962,064.
	21	Total liabilities (Part X, line 26)	713,663.	874,101.
22	Net assets or fund balances. Subtract line 21 from line 20	884,016.	1,087,963.	

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	3/31/12 Date
	NANCY THALER, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jacqueline Oneto	Preparer's signature 	Date 3/27/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN		Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Phone no. (301) 951-9090					

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

NATIONAL ASSOCIATION OF STATE DIRECTORS
OF DEVELOPMENTAL DISABILITIES SERVICES

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROMOTE MUTUAL ASSISTANCE, COOPERATION, AND THE EXCHANGE OF INFORMATION AND IDEAS IN THE ADMINISTRATION OF PUBLIC DEVELOPMENTAL DISABILITIES PROGRAMS.

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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 \$ 538,179. including grants of \$ _____) (Revenue \$ 630,308.)
STATE EMPLOYMENT LEADERSHIP NETWORK: A MULTI-STATE INITIATIVE AIMED AT BRINGING STATES TOGETHER TO IMPROVE EMPLOYMENT OUTCOMES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

4b (Code: _____) (Expenses \$ 379,143. including grants of \$ _____) (Revenue \$ 336,405.)
NATIONAL CORE INDICATORS PROJECT: A MULTI-STATE INITIATIVE AIMED AT DEVELOPING NATIONALLY-RECOGNIZED PERFORMANCE AND OUTCOME MEASURES THAT ENABLE A STATE'S DEVELOPMENTAL DISABILITY SERVICES AUTHORITY TO:
A) BENCHMARK THE PERFORMANCE OF ITS SERVICE SYSTEM AGAINST PERFORMANCE LEVELS ACHIEVED ELSEWHERE; AND ALSO B) TRACK THE PROGRESS OF ITS OWN SERVICE SYSTEM OVER TIME.

4c (Code: _____) (Expenses \$ 368,541. including grants of \$ _____) (Revenue \$ 758,837.)
MEMBERSHIP: KEEPS MEMBER STATE AGENCIES ABREAST OF LATEST NATIONAL, STATE & LOCAL POLICY AND PROGRAMMATIC DEVELOPMENTS THROUGH MONTHLY NEWSLETTERS, ELECTRONIC BULLETINS, RESOURCE DIRECTORY AND OTHER PUBLICATIONS. ALSO, THE ASSOCIATION PROVIDES ASSISTANCE TO MEMBER STATE AGENCIES IN SOLVING A WIDE RANGE OF POLICY & SERVICE DELIVERY ISSUES, CONDUCTS SPECIAL STUDIES & SPONSORS TWO MEMBERSHIP MEETINGS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 550,950. including grants of \$ _____) (Revenue \$ 117,371.)

4e Total program service expenses 1,836,813.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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>	N/A	
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)		

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