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SCHEDULE A

OMB No. 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

Internal Revenue Service MUST be completed by	the above organizations and	attached to their Fo	rm 990 or 990-EZ	
Name of the organization			Employer identifica	-
New England Handicapped Sports Association				7398657
Compensation of the Five High (See page 1 of the instructions.				and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Tom Kersey	- Executive Director,			
12 Brown Road, Newport, NH 03773	40/wk	51637	0	0
	-			
••••••				
Total number of other employees paid over \$50,000 .	1			
Part II-A Compensation of the Five High	nest Paid Independent (Contractors for	Professional Se	rvices
(See page 2 of the instructions. Lis	st each one (whether indiv	iduals or firms). It	there are none,	enter "None.")
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation
None				*
				<u> </u>

Total number of others receiving over \$50,000 for				
professional services	1	THE REAL PROPERTY OF THE PARTY	AND DESCRIPTIONS	
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	med services other than p	professional serv	ices, whether in	dividuals or
(a) Name and address of each independent contractor			of service	(c) Compensation
None				
Total number of other contractors receiving over \$50,000 for other services	-			

-

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or inclined in donnection with the lobbying activities * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		<u> </u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		✓
ь	Lending of money or other extension of credit?		1
c	Furnishing of goods, services, or facilities?		1
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓_
0	Transfer of any part of its income or assets?		✓_
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
b	Did the organization have a section 403(b) annuity plan for its employees?		1
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		1
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		1
b	Did the organization make any taxable distributions under section 4966?		
¢	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
8	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt J	Reason for Non-Private	Foundation	Status (See pages 4	through 8 c	of the instruc	tions.)		
/ ce	rtify	that the organization is not a priva	te foundation bed	ause it is: (Please checl	k only ONE ap	plicable box.)			
5		A church, convention of churches	s, or association of	of churches. Section 170	2(b)(1)(A)(i).				
8		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).				
9		A medical research organization of and state			ction 170(b)(1))(A)(iii). Enter th	e hospital's name, city,		
10		An organization operated for the backliso complete the Support School		or university owned or o	perated by a g	ovemmental un	it. Section 170(b)(1)(A)(iv).		
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						e general public. Section			
11b		. A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
12	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:								
		☐ Type II	☐Type	III-Functionally Integrate	ed [Type III-Othe	er		
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the inst	ructions.)		
(a) Name(s) of supported organization(s)		* *	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support		
					Yes	No			
No	ne								
	_								
T-4-						•			
Tota	<u>' · </u>				· <u>····</u> ·	<u></u>			
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 8 of the i	nstructions)		

Pa	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions	y if you checked	a box on line 10,	, 11, or 12.) Use	cash method of	accounting.
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do	(0) 2000	(0) 2005	(6) 2004	(4) 2003	let Loral
	not include unusual grants. See line 28.).	31232.67	28978.00	17263.05	24450.70	101924.42
16	Membership fees received	22672.92	12949.00	13285.00	8840.00	
17	Gross receipts from admissions, merchandise	22072.52	12343.00	13283.00	00.00	37740.52
• •	sold or services performed, or furnishing of facilities in any activity that is related to the					
	facilities in any activity that is related to the organization's charitable, etc., purpose	62886.08	56588.00	51890.10	56063.35	227427.53
		02000.00	30300.00	31030.10	30003.33	227-35
18	Gross Income from interest, dividends, amounts received from payments on securities					ļ
	loans (section 512(a)(5)), rents, royalties,	1	'			į
	income from similar sources, and unrelated	4				4
	business taxable income (less section 511					1
	taxes) from businesses acquired by the	7496 76	0.00	0.00	222 54	7810.32
19	organization after June 30, 1975	7486.76	0.00	0.00	323.56	7610.32
19	activities not included in line 18.	((
						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on	Ìì]
	its behalf	1				1
21	The value of services or facilities furnished to					
	the organization by a governmental unit	ļ		,		I
	without charge. Do not include the value of]		,		ì
	services or facilities generally furnished to the public without charge	1)		
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets	42866.06	32987.00	35913.35	24460.23	136226.64
23	Total of lines 15 through 22	167144.49	131502.00	118351.5	114137.84	531135.83
24	Line 23 minus line 17	104278.41	74914.00	66461.4	58074.49	303728.30
25	Enter 1% of line 23	1042.78	749,14	664.61		Charles and the same of the
26	Organizations described on lines 10 or 11:					
					563534	A STATE OF THE STA
ь	Prepare a list for your records to show the nan governmental unit or publicly supported organia				on riverier 1989/1997	
	amount shown in line 26a. Do not file this list wi					
	Total support for section 509(a)(1) test: Enter lin					
d	Add: Amounts from column (e) for lines: 18				1990	THE PERSON NAMED IN
					▶ 26d	
	Public support (line 26c minus line 26d total)					
f		itor) divided by li	ne 26c (denomi	nator))	261	%
27	Organizations described on line 12: a Fo	r amounts includ	ed in lines 15, 1	6 and 17 that w	vere received fro	m a "disqualified
-	person," prepare a list for your records to show	the name of, and t	total amounts rec	eived in each yea		
	Do not file this list with your return. Enter the	sum of such am	ounts for each y	ear:		
	(2006) (2005)	0	(2004)	0	(2003)	0
ь						
_	show the name of, and amount received for each	year, that was mon	e than the larger o	of (1) the amount (on line 25 for the ;	year or (2) \$ 5,000.
	(Include in the list organizations described in lines 5					
	the difference between the amount received and amounts) for each year:	une larger amount	described in (1) o	or (2), enter the st	im of these dilier	ences (the excess
	(2006)	. 0	(2004)	0	(2003)	0
	(2005)		(2001)		. (2000)	
c	Add: Amounts from column (e) for lines. 15		16		_	
_	17 20 .		21		▶ 27c	387098.87
d	Add: Line 27a total	and line 27b total			▶ 27d	0.00
9						387098.87
1	Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test: Enter as	mount from line 2	3, column (e)	▶ [271]	31135.83	THE PERSON NAMED IN
g	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin	ator)) .	▶ 27g	73 <u>%</u>
ħ	Investment income percentage (line 18, colu	mл (e) (numerato	or) divided by lin	ne 271 (denomina	ator)). > 27h	1.4 %
28	Unusual Grants: For an organization describe					3 through 2006.
	prepare a list for your records to show, for each	ch year, the name	of the contribut	tor, the date and	amount of the g	grant, and a brief
	description of the nature of the grant. Do not fi	ile this list with y	<mark>/our return.</mark> Do r	not include these	grants in line 15	

Į, ė	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
30	other governing instrument, or in a resolution of its governing body?			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		1
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	31		
	that makes the policy known to all parts of the general community it serves?			
	The New England Handicapped Sports Association provides services to people with disabilities and has focused on all people with disabilities, regardless of background, race, gender, religious			
	preference, sexual orientation, or other discriminatory category.			
32	Does the organization maintain the following:	200		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		├ <u>*</u>
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		1
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	issami.	1300 Killion
	If you enswered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) We maintain records on disabilities and basic information on staff. We do not award scholarships or financial assistance.			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges? ,	33a	X 100	1
ь	Admissions policies?	33ь		1
c	Employment of faculty or administrative staff?	33c		1
d	Scholarships or other financial assistance?	33d		1
в	Educational policies?	33e		1
1	Use of facilities?	33f		1
9	Athletic programs?	33g		1
h	Other extracumcular activities?	33h	ENGEN.	/
	If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement.)			
		The same		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	348		✓
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		/
25	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35	✓	

Sch	edule A (Form 990 or 990-EZ) 2007					Page (
	irt VI-A Lobbying Expenditures by El					
Che	(To be completed ONLY by an ck ≥ a if the organization belongs to an affiliation of the complete of the compl			ed Form 5768) you checked "a" a		nousions anniv
One	Limits on Lobbyi	ng Expenditu	res	you checked a u	(e) Affiliated group totals	(b) To be completed for all electing organizations
				36		- Granta - G
36	Total lobbying expenditures to influence public			37		
37 38	Total lobbying expenditures to influence a legis Total lobbying expenditures (add lines 36 and			38		
39	Other exempt purpose expenditures	=		39		
40	Total exempt purpose expenditures (add lines			40		
41	Lobbying nontaxable amount. Enter the amount					
7,	If the amount on line 40 is— Not over \$500,000	obbying nontaxe of the amount or 000 plus 15% of t	ei tnuoma elda	500,000		
	Over \$1,500,000 but not over \$17,000,000. \$225,00ver \$17,000,000. \$1,000	600,000				
42	Grassroots nontaxable amount (enter 25% of I	•	• • • •	43	 	
43 44	Subtract line 42 from line 36. Enter -0- if line 4 Subtract line 41 from line 38 Enter -0- if line 4			44	 	
~~	Subtract wife 41 mont line 35 Enter -0- it line 4	or is more triair it	118 30, , , .			
	Caution: If there is an amount on either line 43	3 or line 44, you i	must file Form 47	20.		
	(Some organizations that made a section See the instructions for	or lines 45 throug	gh 50 on page 13		ns.)	
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005	2004	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza	ting Public C	harities not complete i	Part VI-A) (See	page 14 of the	e instructions.
	ng the year, did the organization attempt to influ	ence national, st	ate or local legisl	ation, including a		Атоил
	Volunteers					
p	Paid staff or management (Include compensation Media advertisements.	•		c through h.) .	7	
	Mailings to members, legislators, or the public					

e Publications, or published or broadcast statements .

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body.
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Schedule A (Form 990 or 990-EZ) 2007	

Page 7

Pa	rt VI			ransfers To and Transace page 14 of the instruction		Relationships	With	Nonc	hari	table
51	Did	the reporting orga	inization directly or	indirectly engage in any of the D1(c)(3) organizations) or in sections	following with	any other organiza	ation de	scnbec	in s	ection
_				to a noncharitable exempt org		g to political etgal.			Yes	No
а		Cash	witing organization	to a nonchantable exempt org	anzanon or.		Γ	51a(l)		7
	• • •	Other assets						a(ii)		7
ь		er transactions:					Ė			
			es of assets with a	noncharitable exempt organiza	ition		. L	b(i)		✓_
				ntable exempt organization			[b(ii)		1
	• •			her assets			. [b(iii)		✓_
		Reimbursement a					. [b(lv)		/
		Loans or loan gua	•				. [b(v)		>
				ship or fundraising solicitations				b(vi)		✓
c				sts, other assets, or paid emplo			. L	_c		✓
d 	goo	ds, other assets, o	or services given by	' complete the following schedule y the reporting organization. If to n column (d) the value of the good	the organization	received less than	n fair m	narket v	value alue i	of the In any
-	a }	(b)		(c)	.	(d)				
Line	no.	Amount Involved	Name of none	charitable exempt organization	Description of	transfers, transactions	and sha	iring ama	ngeme	ents
~	-		ļ <u>-</u>		 					
					 					
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			··		-					
					 					
					 					
					 					
					 					
	des	orlbed in section 5		affiliated with, or related to, or other than section 501(c)(3)) or ::			ions	Yes	Ø	No
		(a)	_	(b)		(c)	-dL1-			
		Name of organiz	zation	Type of organization	 	Description of rela	попвшр			
	-				 					
					-					
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	_									
					 					
					 					
					 					
					 					
					 					
					 					
			·		 					
										

EIN 23-7398657

New England Handicapped Sports Association

2006 2005 2004 2003 Total

Line 22 - Other Income \$ 42,866.06 \$ 32,987.00 \$ 35,913.35 \$ 24,460.23 \$ 136,226.64 Fundraisers and Annual Special Events such as Ski-a-thon, Golf Tournament, Corporate Challenge Ski Event, Motorcycle Rally, etc.