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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

20**08**

Open to Public Inspection

	Inspection Inspec										
New England Handicapped Sports Association						Employer Identification number 23 7398657					
Pa				arity Status (All org	agnizatio	ne muc	Loomale				
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1				dation because it is: (1161	
2	Ы			n 170(b)(1)(A)(ii). (Att			ibed in S	ecuon 1	י טנסוני זעי	4)(1).	
3	ŏ			nospital service organ			io ooele	- 470/b)/	evale::	/Awash C	ahadda U)
4	ŏ			tion operated in conju							
•			me, city, and sta			**************************************	apital des	CITOGO II	1 SECUOII	170(0)(1	MAMin). Cittes die
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
6	П		ection 170(b)(1)(A)(iv). (Complete Part II.) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	ñ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	_	described in	section 170(b)(1)(A)(vi). (Complete P	art II.)			901011111	CHILD OTH	COI HOILI	are general public
8	Ц			in section 170(b)(1)					_		
9	ΚJ			receives: (1) more tha							
				ed to its exempt funct ent income and unre		•		•			
				after June 30, 1975.						JII WELLY	nom businesses
10	\Box			nd operated exclusive					-	(n)(4), (nn	a iontarotimaal
11	Ħ			and operated exclusive							
••				blicly supported organ							
				it describes the type							
		a 🗌 Type					ctionally i				Type ill-Other
e		By checking	this box, I cert	tify that the organizat	ion is no	t control	led direc	tly or inc	lirectly by		
	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section										
		509(a)(1) or s	section 509(a)(2)								
f				a written determinati	on from	the IRS	that it is	a Type	l, Type II	, or Type	III supporting
~		_	, check this box	the organization acce		 . aift an a	 Andribusta			• • •	· · · · · ·
9		following per		me organization acce	spied any	gillor	OHIHOURK	in itoiti a	uly Of the	•	
				r indirectly controls e	either alo	ne or too	ether wit	h nersor	s descrit	fil ni her	Yes No
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) And (iii) below, the governing body of the supported organization?										
	(ii) A family member of a person described in (i) above?										
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?										
<u></u>	_			ation about the organ					,		
		e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1-9	(iv) is the organization (v) Did you notify in col. (i) listed in your the organization in			(vi) is the organization in col. (i) organized in the US.?		(vii) Amount of support	
			ļ	above or iRC section		governing document? cot. (i) of your support?					of your
				(see Instructions))	Yes	No	Yes	No No	Yes	No No	
			 -		1 45	 	103	- 110	163	NO.	
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Par	(Complete only if you check	anizations i ked the box	Described in on line 5. 7	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) `\	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support			or or rail r	·/		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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	<u> </u>					
4	Total. Add lines 1-3						
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.			1			
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	L					
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 ,		il	L	<u> </u>	J	<u> </u>
12	Gross receipts from related activities, etc. (see instructions)						
13	First five years. If the Form 990 is for organization, check this box and stop he	re	on's first, seco	nd, third, fourth	n, or fifth tax y		
	tion C. Computation of Public Su					,	
14	Public support percentage for 2008 (line					14	
15	Public support percentage from 2007 Sci	nedule A, Part	IV-A, line 26f			15	<u>%</u>
16a	33%% support test-2008. If the organization qualifies	zation did not as a publicly	check the box of supported orga	on line 13, and nization	line 14 is 33%	% or more, che	eck this box
b	33%% support test - 2007. If the organization qua	zation did not i ilifies as a pub	check a box on licly supported	line 13 or 16a, organization	and line 15 is	33% % or more	e, check this
17a	10%-facts-and-circumstances test—2008. 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						
b	10%-facts-and-circumstances test—2007. 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						
18	Private foundation. If the organization did	not check a be	ox on line 13, 16	a, 16b, 17a, or	17b, check this	box and see in	structions >

Pege 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts. grants, contributions. membership fees received. (Do not include 30548.05 33290.70 41927.00 52905.59 77105.99 235777.33 any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 51890.10 56063.35 56588.00 62886.08 66018.50 293457.03 organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 89354.05 82438.15 98515.00 115791.67 143124.49 529234.36 Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 0 0 0 0 0 0 c Add lines 7a and 7b . . Public support (Subtract line 7c from 529234.36 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 82438.15 98515.00 115791.67 89354.05 143124.49 529234.36 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 323.56 0.00 0.00 7486.76 2991.95 10802.27 sources b Unrelated business taxable income (less) section 511 taxes) from businesses acquired after June 30, 1975 0.00 0.00 10802.27 323.56 0.00 2991.95 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 24460.23 35913.35 32987.00 42866.06 66308.50 202533.14 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 742569.77 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . 15 71 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 73 16 % Section D. Computation of Investment Income Percentage 1.5 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33½ % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹 331/4 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/4 %, and line 18 is not more than 331/5 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Schedule A (Form 990 or 990-EZ) 2008

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Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Other Inco	me - from program fees associated with lessons and instructions provided to user population.
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NEW ENGLAND HANDICAPPED SPORTS ASSOCIATION PO BOX 2135 NEWBURY NH 03255



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

ignature of officer or trustee

Title

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