

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Adaptive Sports Partners of the North Country, Inc.		none	
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
PO Box 304	none	27-1338965	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Franconia, NH 03580-0304		09	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 603 823-8050	
a Name: James H. Moore		c Fax: (optional) 603 823-8050 (call first)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: www.adaptivesportspartners.org			
b Organization's email: (optional) info@adaptivesportspartners.org			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		10 / 22 / 2009	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. **Yes** **No**

- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. **Yes** **No**

- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. **Yes** **No**

- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. **Yes** **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. **Yes** **No**

- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. **Yes** **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Page 1, Article Second

- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 1, Article Fourth and Attachment, Article Fourth
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: not applicable

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
James H. Moore	Director; President	PO Box 304 Franconia, NH 03580-0304	none
Elizabeth A. Trought	Director, Vice President	PO Box 304 Franconia, NH 03580-0304	none
Harold C. Criswell	Director, Secretary	PO Box 304 Franconia, NH 03580-0304	none
Maria Hynes	Director, Treasurer	PO Box 304 Franconia, NH 03580-0304	none
Gary S. Biadasz	Director	PO Box 304 Franconia, NH 03580-0304	none

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
none			

c List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
none			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship. Yes No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
 - a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
 - b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
 - c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? **Yes** **No**
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? **Yes** **No**
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. **Yes** **No**
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**

- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. **Yes** **No**
- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. **Yes** **No**

- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. **Yes** **No**
- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. **Yes** **No**

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. **Yes** **No**
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. **Yes** **No**
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. **Yes** **No**
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. **Yes** **No**

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. **Yes** **No**
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. **Yes** **No**

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. **Yes** **No**
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. **Yes** **No**
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. **Yes** **No**
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. **Yes** **No**
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. **Yes** **No**
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

- 4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) **Yes** **No**
- | | |
|---|--|
| <input type="checkbox"/> mail solicitations | <input type="checkbox"/> phone solicitations |
| <input checked="" type="checkbox"/> email solicitations | <input checked="" type="checkbox"/> accept donations on your website |
| <input checked="" type="checkbox"/> personal solicitations | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input checked="" type="checkbox"/> government grant solicitations |
| <input checked="" type="checkbox"/> foundation grant solicitations | <input type="checkbox"/> Other |
- Attach a description of each fundraising program.
- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**
-
- 5** Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**
- 6a** Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**
- b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.
-
- 7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**
- b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**
- c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.
-
- 8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**
-
- 9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**
- b** Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**
- c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**
- d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**
-
- 10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. **Yes** **No**
-
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. **Yes** **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. **Yes** **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. **Yes** **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. **Yes** **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. **Yes** **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. **Yes** **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. **Yes** **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. **Yes** **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. **Yes** **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. **Yes** **No**

Part VIII Your Specific Activities *(Continued)*

- | | | | |
|-----------|--|-------------------------------------|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From Aug 09 To Sept 10	(b) From Oct 10 To Sept 11	(c) From Oct 11 To Sept 12	(d) From..... To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	121,500	146,000	149,000		416,500
	2 Membership fees received	2,000	2,700	3,200		7,900
	3 Gross investment income	0	0	0		0
	4 Net unrelated business income	0	0	0		0
	5 Taxes levied for your benefit	0	0	0		0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)	1,500	3,000	5,000		9,500
	8 Total of lines 1 through 7	125,000	151,700	157,200		433,900
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	0	0		0
	10 Total of lines 8 and 9	125,000	151,700	157,200		433,900
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0			
12 Unusual grants	0	0	0			
13 Total Revenue Add lines 10 through 12	125,000	151,700	157,200			
Expenses	14 Fundraising expenses	0	3,000	3,500		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0		
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
	17 Compensation of officers, directors, and trustees	38,000	39,000	40,000		
	18 Other salaries and wages	5,000	22,000	23,000		
	19 Interest expense	0	0	0		
	20 Occupancy (rent, utilities, etc.)	16,000	17,000	18,000		
	21 Depreciation and depletion	0	0	0		
	22 Professional fees	5,000	5,000	6,000		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	61,000	65,700	66,700		
24 Total Expenses Add lines 14 through 23	125,000	151,700	157,200			

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End: **11/30/0**

		(Whole dollars)
Assets		
1	Cash	35,608
2	Accounts receivable, net	0
3	Inventories	0
4	Bonds and notes receivable (attach an itemized list)	0
5	Corporate stocks (attach an itemized list)	0
6	Loans receivable (attach an itemized list)	0
7	Other investments (attach an itemized list)	0
8	Depreciable and depletable assets (attach an itemized list)	0
9	Land	0
10	Other assets (attach an itemized list)	0
11	Total Assets (add lines 1 through 10)	35,608
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc. payable	0
14	Mortgages and notes payable (attach an itemized list)	0
15	Other liabilities (attach an itemized list)	0
16	Total Liabilities (add lines 12 through 15)	0
Fund Balances or Net Assets		
17	Total fund balances or net assets	35,608
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	35,608
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

- 6** If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

.....
(Signature of Officer, Director, Trustee, or other authorized official)

.....
(Type or print name of signer)

.....
(Date)

.....
(Type or print title or authority of signer)

For IRS Use Only

.....
IRS Director, Exempt Organizations

.....
(Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
 - (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
 - (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
 - (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. **Yes** **No**

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1** Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2** Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3** Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please
Sign
Here**



(Signature of Officer, Director, Trustee, or other
authorized official)

James H Moore

(Type or print name of signer)

12/29/2009

(Date)

President

(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form **1023** (Rev. 6-2006)

Part IV - Narrative Description of Your Activities

A. General Features of the Program

1. General Description

Adaptive Sports Partners of the North Country, Inc. (ASPNC) is a nonprofit corporation established in the fall of 2009 for charitable and educational purposes. Specifically, it has been designed to provide year-round opportunities in sports and recreation to persons with all types of disabilities. It uses trained volunteers to guide, instruct, coach and support participants in their sport and recreation activities.

2. Reasons for Formation

Many of the volunteers involved in ASPNC and its single paid staff person formerly participated in another adaptive sports organization. That group, however, made a policy decision to withhold service from a person with a severe disability, precipitating a series of events which ultimately led to the departure of that paid staff person and many volunteers. These individuals then convened to form a new adaptive organization – Adaptive Sports Partners of the North Country, Inc. This new organization plans to operate year-round, serve an inclusive range of disabilities, and have a much broader geographical focus than the other organization.

3. Area Served

Coos County and northern Grafton County of New Hampshire and the area known as the Northeast Kingdom of Vermont – the three Counties of Caledonia, Essex and Orleans. Collectively, this area is called “the North Country.”

4. Potential Client Base

Using data from publicly available sources, ASPNC estimates there may be as many as 23,000 individuals with disabilities who live in the service area. In addition, the region attracts large numbers of visitors, many of whom have disabilities. The number of people with disabilities far exceeds the capacities of existing adaptive organizations to serve them.

5. Disabilities to Be Served

ASPNC will serve persons with physical disabilities such as traumatic brain injury, spinal cord injury, cerebral palsy, neuromuscular disorders (e.g., amyotrophic lateral sclerosis, muscular dystrophy, post polio syndrome), visual and hearing impairments, and others. It will also serve people with developmental disabilities such as autism, developmental delays, intellectual disabilities, and forms of mental illness. Some participants will have both physical and developmental disabilities. ASPNC estimates that these categories of disability will be distributed as follows:

Physical disabilities	48%
Developmental disabilities	42%
Combination of physical and developmental disability	10%

6. Specialized Adaptive Equipment

Some but not all of our participants who have physical disabilities require the use of specialized adaptive equipment. In winter, such equipment includes various kinds of sit-down devices: bi-skis, mono-skis, Kart-ski, Tandemski, and others. Devices to enhance stability, outriggers, are also used. In summer, our clients who wish to experience bicycling may require hand-cycles or tandem bikes. Those who want to hike into the mountains may require a sitting apparatus.

As ASPNC begins operations, we have only a few pieces of this equipment. We have made arrangements to borrow needed items from other adaptive organizations in New Hampshire. Over time, we plan to secure sponsorships from individuals and corporations to enable us to purchase our own. We also plan to identify foundations willing to support equipment acquisition.

Part IV - Narrative Description of Your Activities (cont'd.)**7. Training**

Volunteers undergo extensive training in adaptive techniques and equipment and in the challenges unique to various disabilities. They must complete seasonal training requirements before participating in service sessions with clients. New volunteers participate in a supervised, supporting role before they are assigned the role of lead. Many volunteers as well as the Executive Director are certified in various adaptive disciplines, in specific sports and in first aid.

8. Locations of Services

Space for office operation and equipment storage is at a farmhouse in the town of Easton, New Hampshire.

Services to clients are and will be provided at a variety of locations throughout the North Country:

- | | |
|------------------------------------|---|
| • Nature walks, day hikes | Trails of the White Mountain National Forest |
| • Overnight hikes | Huts of the Appalachian Mountain Club |
| • Paddling | local waterways including Echo Lake, Moore Reservoir, the Pemigewasset River |
| • Waterskiing | Ashland Marina (at Little Squam Lake), Ashland, NH |
| • Road cycling | local roadways |
| • Tennis | The Franconia Inn |
| • Golf | Sunset Hill House |
| • Downhill skiing and snowboarding | Cannon Mountain Aerial Tramway and Ski Area (a facility of the State of New Hampshire Department of Resources and Economic Development) |
| | Burke Mountain Operating Company, East Burke, VT (relationship under development) |
| • Nordic skiing and snowshoeing | The Franconia Inn, Franconia, NH |
| | Horse and Hound Inn, Franconia, NH |
| | Sunset Hill House, Sugar Hill, NH |
| • Sled hockey and ice skating | Fenton Chester Ice Arena, Lyndon Center, VT (relationship under development) |
| • Swimming | pool at local motel (relationship under development) |
| • Basketball | Lancaster Elementary School, Lancaster, NH |
| • Indoor fitness | Profile School, Bethlehem, NH |

9. Partnerships = Collaboration

Adaptive Sports Partners of the North Country, Inc. uses "partners" as part of its name. The term is not meant to imply a partnership as a form of corporate formation. Rather, it means that we have entered into collaborative relationships with other organizations in order to carry out our mission. These groups include profit-making firms (such as the Inns mentioned above), other nonprofit organizations (such as Common Ground in Whitefield, NH, an agency supporting adults who have developmental disabilities in their efforts toward independent living), and public agencies (such as Cannon Mountain Ski Area and regional school districts). Additionally, we consider our volunteers, members, supporters and donors as partners in bringing services to people with disabilities.

10. Fees for Services

ASPNC's Board of Directors approves a fee schedule for the organization's services. These fees are consistent with the fees charged by other adaptive organizations in northern New England. For the client, they are all-inclusive in that they cover volunteer services, any access fee, lift ticket or rental charged by a venue, and use of specialized adaptive equipment if needed. If any fee represents a hardship for the client, ASPNC gladly offers to reduce it or waive it entirely. No client is ever turned away for inability to pay. Fees represent a relatively small revenue stream for the organization, smaller in significance than other types of revenue.

Part IV - Narrative Description of Your Activities (cont'd.)

11. Alternate Names

We sometimes omit the "Inc." when referring to our organization. In some communications we shorten the reference to "Adaptive Sports Partners." In still other instances we abbreviate the reference to "ASPNC."

12. Additional Materials

We are including a brochure describing the organization and its services. We also have a website: www.adaptivesportspartners.org, which as of December 2009 has only two pages. Paper copies of these pages are included as Attachment 3. We anticipate developing a more comprehensive website in the coming months.

B. Specific Programs

Approximately 85% of Adaptive Sports Partners' services are conducted outdoors and are, therefore, dependent upon the weather. Consequently, we have categorized our service activities as Warm-Weather, Cold-Weather, and – for the 15% conducted indoors – All-Weather.

1. Warm-weather sports and recreation adaptive services

a. Components of the service:

- Water sports of paddling and waterskiing
- Bicycling on roads, cross-country and mountain trails
- Nature walks and hikes, including overnight trips with stays at mountain huts
- Golf
- Tennis

b. Who conducts the service? Approximately 30 trained volunteers

c. Locations – as listed in Part IV, Section A, subsection 8 above

d. Timing and Service Volumes

Past – ASPNC began offering this service in October 2009. We served 10 individual clients and provided a total of 20 service sessions – in golf, bicycling, a nature walk and a hike – before cold weather set in in November.

Current – No warm-weather services are planned for the period of December 2009 – March 2010.

Planned – We will resume this service in April or May 2010 (dependent on weather conditions). We anticipate offering the full range of services, with projections of serving 60 clients, for a total of 150 service sessions.

e. How the service furthers exempt purposes

For those clients whose disability requires them to use a wheelchair, the opportunity to use a specialized sit-down device called the Trailrider, accompanied by ASPNC's trained volunteers, enables them to experience the thrills of the outdoors in ways they may have previously thought impossible. Even for ambulatory participants – those with autism or other developmental disabilities – the opportunities of learning to play golf and hiking up a mountain are activities that in most instances had not been available to them. For those who are blind, the assistance of guides from ASPNC enables them to cross mountain streams and hike to peaks of the White Mountains. These are life-affirming experiences, ones the participants never thought possible.

We view the services provided through this program as charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code.

Part IV - Narrative Description of Your Activities (cont'd.)

f. Percentage of time

Warm-weather program services occur during 7-8 months of the year, and have the support of approximately 80% of ASPNC's volunteers. (Some volunteers are available only during warm-weather months). Overall, this service constitutes roughly 45% of ASPNC's time.

g. Funding

At present the majority of ASPNC's funding is from Contributions from Individuals. The organization has received one grant of \$5,000 so far. It has begun taking in Membership Dues, and it anticipates a small amount of revenues from Program Service Fees paid by clients. We expect all types of funding to grow over time, but as of December 2009 the largest portion comes from Contributions.

2. Cold-weather sports and recreation adaptive services

a. Components of the service:

- Downhill – skiing and snowboarding
- Nordic – cross-country skiing and snowshoeing
- Sled hockey
- Ice skating

b. Who conducts the service? Approximately 30 trained volunteers

c. Locations – as listed in Part IV, Section A, subsection 8 above

d. Timing and Service Volumes

Past – As of early December 2009, ASPNC has not yet offered these services.

Current – As of early December 2009, there is insufficient snow cover for offering downhill skiing, snowboarding and Nordic activities.

Planned – Dependent on snow conditions, we hope to begin offering Nordic activities in mid-December 2009. For downhill activities we plan to work out a relationship with Burke Mountain in Vermont. We have just recently finalized an agreement with the ski area closest to our headquarters – Cannon Mountain in Franconia, NH. A pilot program will begin in there in January 2010. Because an adaptive program is a new experience for Cannon, its management is requiring limitations on the number of adaptive participants during the first operational season.

We have not yet developed an agreement for ice skating and sled hockey with the Ice Arena in our service area, but we plan to accelerate those discussions if we have requests for those services.

Overall, ASPNC anticipates serving 50 clients during our first cold-weather season for a total of 130 service sessions. We feel we are capable of serving larger numbers, but the requirements of the Cannon Mountain pilot program restrict us to a smaller volume. We feel that a successful first-year pilot will establish a foundation for a much more vigorous second season and beyond.

c. How the service furthers exempt purposes

As with warm-weather activities, cold-weather activities in adaptive sports and recreation provides life-affirming experiences for persons with disabilities. These are experiences they would not have had if an adaptive organization had not been available to them. In downhill skiing and snowboarding, simple gravity is partly responsible for clients' accomplishments. For the person who is venturing onto "the hill" for the first time, the prospect of gravity can be frightening.

Part IV - Narrative Description of Your Activities (cont'd.)

When the person with a disability is assisted by a skilled volunteer instructor, trained in both the sport and the disability, the resulting experience is a predictably rewarding one. Even when gravity is not a factor – as in Nordic skiing and snowshoeing – the help of well-trained volunteers makes the outdoor experience a rewarding accomplishment for the client with a disability.

We view the services provided through this program as charitable and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code.

d. Percentage of time

Cold-weather services are offered in four months of the year. Roughly 85% of the organization's volunteers participate. Downhill activities tend to require a higher ratio of volunteers to clients – sometimes 3 or even 4 to 1, depending on the particular requirements of the disability. Overall, we project the service as constituting 40% of ASPNC's volunteer time.

e. Funding

Funding considerations are the same for this program service as for warm-weather activities – Part IV, Section B, Subsection 1g.

3. All-weather sports and recreation adaptive services

a. Components of this indoor, year-round service:

- Swimming
- Basketball
- Indoor fitness

b. Who provides the service? Seven trained volunteers

c. Locations – as listed in Part IV, Section A, subsection 8 above

d. Timing and Service Volumes

Past, Current and Future – We began school-oriented services in October 2009, and they will continue throughout the current academic year. Swimming can be offered, on request, at any time of the year.

We are currently teaching basketball skills to students in the Special Education program at Lancaster Elementary School – 5 students, for 20 service sessions. We have been asked to assist in physical education programs at Profile School in Bethlehem, NH and Lisbon High School in Lisbon, NH for their special education students. The specific activities have not yet been finalized, but the focus is likely to involve physical fitness.

Overall for the year, ASPNC anticipates serving up to 25 clients, for approximately 70 service sessions.

e. How the service furthers exempt purposes

This program furthers our exempt purposes by bringing students with special needs – mostly with developmental disabilities but in some cases with physical ones – more inclusively into the physical education programs of their respective schools. Special education coordinators had found that, without special attention, many of these students had preferred to stay on the sidelines. With the focused attention they are receiving from ASPNC's adaptive volunteers, these students are participating more actively and are learning actual skills.

Part IV - Narrative Description of Your Activities (cont'd.)

We view the services provided through this program as charitable and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code.

f. Percentage of time

This program is offered in all months of the year but requires the involvement of a smaller number of ASPNC's volunteers. It accounts for approximately 15% of the organization's time.

g. Funding

See Part IV, Section B, Subsection 1g above.

4. Summary of Statistics

The service volumes discussed above for the first operational year are summarized here.

	<u>Clients</u>	<u>Service Sessions</u>	<u>Volunteers</u>
Warm-weather			
Oct - Nov 2009	10	20	10
May - Sept 2010	60	150	30
Cold-Weather			
Dec 09 – Mar 10	50	130	30
All-Weather			
Oct 09 – Sept 10	25	70	7

Total service sessions		370	

Note: We project serving approximately 75 clients, using approximately 45 trained volunteers, during our first year. Numbers of clients and volunteers are not additive across seasons because many clients and volunteers participate in more than one season.