



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2013

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

| | | | |
|--|--|---|--|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C Name of organization NH CONGRESS PTA/LITTLE HARBOUR PTA Number & street (or P O box, if mail is not delivered to street addr) Room/ suite 50 CLOUGH DR | D Employer identification number 36-4503279 E Telephone number (603) 501-0531 |
| | | F Group Exemption Number ► | |
| | | G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____ | |
| | | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | |
| | | J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) (insert no) ▶ 4947(a)(1) or <input type="checkbox"/> 527 | |
| | | K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other | |
| | | L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59,611 | |

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED JAN 08 2015

| REVENUE | 1 Contributions, gifts, grants, and similar amounts received | 1 3,509 |
|------------|--|-----------|
| | 2 Program service revenue including government fees and contracts | 2 |
| | 3 Membership dues and assessments | 3 |
| | 4 Investment income | 4 |
| | 5a Gross amount from sale of assets other than inventory | 5a |
| | b Less cost or other basis and sales expenses | 5b |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| | 6 Gaming and fundraising events | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b 56,102 |
| | c Less direct expenses from gaming and fundraising events | 6c 10,777 |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d 45,325 |
| | 7a Gross sales of inventory, less returns and allowances | 7a |
| | b Less cost of goods sold | 7b |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| | 8 Other revenue (describe in Schedule O) | 8 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 48,834 |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O) | 10 37,867 |
| | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits | 12 |
| | 13 Professional fees and other payments to independent contractors | 13 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 |
| | 15 Printing, publications, postage, and shipping | 15 |
| | 16 Other expenses (describe in Schedule O) | 16 1,200 |
| | 17 Total expenses. Add lines 10 through 16 | 17 39,067 |
| NET ASSETS | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 9,767 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 21,570 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 31,337 |

For Paperwork Reduction Act Notice, see the separate instructions.

96

9

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| Check if the organization used Schedule O to respond to any question in this Part II | | | |
|--|-----------------------|-----------------|---------------|
| | (A) Beginning of year | (B) End of year | |
| 22 Cash, savings, and investments | 21,570 | 22 | 31,337 |
| 23 Land and buildings | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 0 |
| 25 Total assets | 21,570 | 25 | 31,337 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 21,570 | 27 | 31,337 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

What is the organization's primary exempt purpose? SEE ATTACHMENT #1
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE ATTACHMENT #2

(Grants \$ 37,867) If this amount includes foreign grants, check here ▶ **28a** 10,777

25

(Grants \$) If this amount includes foreign grants, check here ► 29a

34

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► **31a**

32 Total program service expenses (add lines 28a through 31a)

32 10,777

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | Yes | No |
|---|----------------|-----------|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | X |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | X |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 37b | X |
| b Did the organization file Form 1120-POL for this year? | 38a | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38b | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 39a | X |
| 39 Section 501(c)(7) organizations Enter | 39b | X |
| a Initiation fees and capital contributions included on line 9 | 40a | X |
| b Gross receipts, included on line 9, for public use of club facilities | 40b | X |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ | 40c | X |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40d | X |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 40e | X |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | 40f | X |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40g | X |
| 41 List the states with which a copy of this return is filed ► NONE | | |
| 42a The organization's books are in care of ► SEE ATTACHMENT #4 | Telephone no ► | ZIP + 4 ► |
| Located at ► _____ | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ | 42b | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____ | 42c | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | X |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | N/A | |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| Yes | No |
|-----|----|
| 46 | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| Yes | No |
|-----|----|
| 47 | X |
| 48 | X |
| 49a | X |
| 49b | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

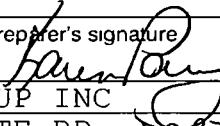
d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

| | | | |
|------------------------------|---|--|-----------|
| Sign Here | ►  | | Date |
| | ► DENISE CROTEAU | | TREASURER |
| Type or print name and title | | | |

| | | | | | |
|---|---------------------------------|---|----------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | KAREN PARRY |  | 12-15-14 | | P01260190 |
| | Firm's name ► HRB TAX GROUP INC | | | Firm's EIN ► 431871840 | |
| Firm's address ► 775 LAFAYETTE RD, PORTSMOUTH, NH 03801 | | | Phone no | 603-431-7888 | |

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

NH CONGRESS PTA/LITTLE HARBOUR PTA

Employer identification number
36-4503279

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 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 Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% 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)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
 e 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 **section 509(a)(2)**
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (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?
 h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | X | |
| 11g(ii) | X | |
| 11g(iii) | X | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|---|----|--|----------------------------------|
| | | | | Yes | No | | |
| SEE ATTACHMENT | | | | | | | |
| Total | | | | | | | 37,867 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

NH CONGRESS PTA/LITTLE HARBOUR PTA

Employer identification number

36-4503279

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

| | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| 1 | | Yes | No | | | |
| | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 SPAGHETTI (event type) | (b) Event #2 MIXED BAG (event type) | (c) Other events 8 (total number) | (d) Total events (add col (a) through col (c)) |
|----|--|---|---|---|--|
| | | 23,123 | 9,098 | 23,881 | 56,102 |
| 1 | Gross receipts | | | | |
| 2 | Less Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 23,123 | 9,098 | 23,881 | 56,102 |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| 6 | Rent/facility costs | | | | |
| 7 | Food and beverages | | | | |
| 8 | Entertainment | | | | |
| 9 | Other direct expenses | 1,432 | 4,542 | 4,803 | 10,777 |
| 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | ► 10,777 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | ► 45,325 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) thru col (c)) |
|---|---|--|--|--|
| 1 | Gross revenue | | | |
| 2 | Cash prizes | | | |
| 3 | Noncash prizes | | | |
| 4 | Rent/facility costs | | | |
| 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | ► |
| 8 | Net gaming income summary Subtract line 7 from line 1, column (d) | | | ► |

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility Yes No

b An outside facility Yes No

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

| | |
|-----|---|
| 13a | % |
| 13b | % |

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

NH CONGRESS PTA/LITTLE HARBOUR PTA

SCHOOL WIDE ENRICHMENT \$10,600

CLASSROOM ENRICHMENT \$22,965

STAFF SUPPORT \$4,350

Employer identification number

36-4503279

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

NH CONGRESS PTA/LITTLE HARBOUR PTA

Employer identification number

36-4503279

PTA NATIONAL DUES \$375
PTA INSURANCE SURCHARGE \$75
OPEN HOUSE \$100
BANK/TAX/POSTAGE \$500
CHILD CARE \$150

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

| | | | | |
|------------------------------------|---|-------|--------------|--------------------------------|
| INSPECTION | For calendar year 2013, or tax period beginning | 08-01 | , and ending | 07-31-2014 |
| Name of Organization | | | | Employer Identification Number |
| NH CONGRESS PTA/LITTLE HARBOUR PTA | | | | 36-4503279 |

Primary Purpose

EDUCATIONAL SUPPORT AND ENRICHMENT FOR THE LITTLE HARBOUR SCHOOL

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

08-01-2013, and ending

07-31-2014

Name of Organization

NH CONGRESS PTA/LITTLE HARBOUR PTA

Employer Identification Number
36-4503279

Part III - Statement of Program Service Accomplishments

| | | | | | |
|------------------------|--------|--------------------------------|--------------------------|--------------------------|--------|
| Grants and allocations | 37,867 | Amount includes foreign grants | <input type="checkbox"/> | Program service expenses | 10,777 |
|------------------------|--------|--------------------------------|--------------------------|--------------------------|--------|

Exempt Purpose Achievements

PROVIDE SCHOOL AND CLASSROOM ENRICHMENT THROUGH ACTIVITIES FOR LITTLE HARBOUR SCHOOL SUCH AS ARTIST IN RESIDENCE PROGRAM AND ENVIRONMENTAL CAMP. PROVIDE SUPPLIES AND BOOKS FOR TEACHERS. PROVIDE DISCRETIONARY FUND FOR PRINCIPAL AND PTA

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

08-01-2013, and ending

07-31-2014

Name of Organization

NH CONGRESS PTA/LITTLE HARBOUR PTA

Employer Identification Number

36-4503279

| (A) Name and Title | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont to employee ben. plans & def comp | (E) Expense account & other compensation |
|-----------------------------------|--|--|--|--|
| TRACEY MELCHIOR PRESIDENT | 12.00 | 0 | 0 | 0 |
| DEBORAH AVERIZI VICE PRESIDENT | 9.00 | 0 | 0 | 0 |
| LIBBY GIORDANO SECRETARY | 4.00 | 0 | 0 | 0 |
| DEBORAH CROTEAU TREASURER | 4.00 | 0 | 0 | 0 |

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

| | | | | |
|------------------------------------|---|-------|--------------|--------------------------------|
| INSPECTION | For calendar year 2013, or tax period beginning | 08-01 | , and ending | 07-31-2014 |
| Name of Organization | | | | Employer Identification Number |
| NH CONGRESS PTA/LITTLE HARBOUR PTA | | | | 36-4503279 |

Part V - Line 42a

Individual Name DENISE CROTEAU

or

Business Name

Street Address 241 WALKER BUNGALOW RD

U S Address

Zip code 03801

City PORTSMOUTH

State NH

or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (603) 501-0531

Fax Number _____

990 INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 5: SCH A PAGE 1, PART I, LINE 11H - INFO ABOUT SUPPORTED ORGS
 OPEN TO PUBLIC

INSPECTION For calendar year 2013, or tax period beginning 08-01-2013, and ending 07-31-2014

| Name of Organization | Employer Identification Number | | | | |
|--|--------------------------------|---------------------------------|---------------------|----------------------------|-------------------------|
| NH CONGRESS PTA/LITTLE HARBOUR PTA | 36-4503279 | | | | |
| (a) Name(s) of Supported Organization(s) | Employer EIN | Line No (1 to 9) or IRC Section | Governing Documents | Amount of Monetary Support | Amount of Other Support |
| LITTLE HARBOUR SCHOOL | | | X | 37,867 | |

2013 DETAIL STATEMENTS

NH CONGRESS PTA/LITTLE HARBOUR
364503279

PAGE 1

STATEMENT #1 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

| | |
|---|--------|
| SCHOOL ENRICHMENT..... | 10,600 |
| CLASSROOM ENRICHMENT..... | 22,965 |
| STAFF SUPPORT..... | 4,302 |
| TOTAL CARRIED TO 990-EZ PG 1 LINE 10..... | 37,867 |

STATEMENT #2 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

| | |
|---|-------|
| PTA NATIONAL DUES..... | 375 |
| PTA INSURANCE SURCHARGE..... | 75 |
| OPEN HOUSE..... | 100 |
| BANK/TAX/POSTAL FEES..... | 500 |
| CHILD CARE..... | 150 |
| TOTAL CARRIED TO EOEZ PG 1 LINE 16..... | 1,200 |

STATEMENT #3 - GROSS RECEIPTS (SCH G, PART II LINE C-1)

| | |
|---|--------|
| PANCAKE BREAKFAST..... | 8,155 |
| ART TO REMEMBER..... | 4,602 |
| ELECTION BAKE SALE..... | 1,525 |
| CLOTHING SALE..... | 194 |
| BREATHE NEW HAMPSHIRE..... | 1,056 |
| FLATBREAD PIZZA NIGHT..... | 1,026 |
| FAIRY HOUSE TOUR..... | 2,769 |
| DIRECTORY..... | 4,554 |
| TOTAL CARRIED TO SCH G, PART II LINE C-1..... | 23,881 |

STATEMENT #4 - OTHER DIRECT EXPENSES (SCH G, PART II LINE C-7A)

| | |
|--|-------|
| PANCAKE BREAKFAST..... | 495 |
| ART TO REMEMBER..... | 1,890 |
| ELECTION BAKE SALE..... | 200 |
| CLOTHING SALE | |
| BREATHE NEW HAMPSHIRE..... | 792 |
| FLATBREAD PIZZA NIGHT | |
| FAIRY HOUSE TOUR | |
| DIRECTORY..... | 1,426 |
| TOTAL CARRIED TO SCH G, PART II LINE C-7A..... | 4,803 |

Application for Extension of Time To File an
Exempt Organization Returnmailed
12-2-14

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

| | | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. <i>Little Harbour School PTA</i> | Employer identification number (EIN) or <i>36-4503279</i> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. <i>375 Clough Dr.</i> | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Portsmouth, NH 03801</i> | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ► *Denise Crotman*

Telephone No. ► *(603) 501-0531* Fax No. ► *—*

• If the organization does not have an office or place of business in the United States, check this box ►
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until *March 15*, 20 *15*, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 *—* or

► tax year beginning *August 1st*, 20 *13*, and ending *July 31st*, 20 *14*.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|----|--|----|----|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.