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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 2014

Open to Public Inspection

Department of the Treasury

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.

A For the 2014 calendar year, or tax year beginning December 31 January 1 2014, and ending , 20 C Name of organization B Check if applicables D Employer identification number 02-6012322 Friends of the Hanover and Norwich Schools Address change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 15 North Park St (603)277-9442 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Hanover, NH 03755 Number ▶ Application pending Other (specify) G Accounting Method: ✓ Cash ☐ Accrual H Check ► ☐ if the organization is **not** I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) —

501(c)(3) □ 501(c) ((Form 990, 990-EZ, or 990-PF). √ (insert no.) 4947(a)(1) or K Form of organization: Corporation ☐ Association Other ☐ Trust 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 27,935 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 27,890 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 2 3 3 45 4 4 Investment income Gross amount from sale of assets other than inventory 5a **5**b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 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 Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** Gross sales of inventory, less returns and allowances . . 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line (a) 7c C 8 Other revenue (describe in Schedule O) 8 27.935 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 27,144 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits . . . 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 1.778 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 1.182 30,104 Total expenses. Add lines 10 through 16 . 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 (2, 169)Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 31,944 19

For Paperwork Reduction Act Notice, see the separate instructions.

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 106421

Form 990-EZ (2014)



20



29,775

20

Page	2

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a			<u> </u>	🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[31,944	22	29,775
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		[31,944	25	29,775
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	31,944	27	29,775
Par				Part III)		
	Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?	Support of local publi	c schools			uired for section
	ribe the organization's program service accompl	lishmosts for soch s	of its three lamest p	maram consisses		c)(3) and 501(c)(4) nizations; optional for
as m	neasured by expenses. In a clear and concise rooms benefited, and other relevant information for e	nanner, describe th	e services provided	, the number of	othe	• •
28	Solicit public donations and use the proceeds to fund in	novative educational p	rograms in local public	schools		
	\$27,890 in donations were raised and \$27,144 in grants	s were made.	**************************************			
	(Grants \$) If this amoun	t includes foreign gra	ants, check here	▶ □	28a	0
29	Tana and an and an	t in old door lot orgin give		· · · · · · · · · · · · · · · · · · ·		

	(Grants \$) If this amount	t includes foreign gr	ents, check here	• 🗇	29a	
30	Tallo allo allo allo allo allo allo allo	t indicaco toroign gir	and, oncontribio .			
			,			
	(Grants \$) If this amount	t includes foreign gra	ents check here	▶ □	30a	
24	Other program services (describe in Schedule O)		and, check here .	· · · · ·	004	
31	, ,				31a	
20	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra				0
32					32	<u> </u>
Par					Suuc	CHOIS FOR Part IV)
-	Check if the organization used Scheduk	e O to respond to a	(c) Reportable	(d) Health benefits,		<u> L</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	,,,,	
	(A) (12.10 a 10 a 10	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Mich	ele Sacerdote	10			+-	
Co-C		┪	0		o	0
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Direc		7	0		0	0
Kenn	neth Snelling	0			1	
Direc	tor	1) 0		0	0
Scott	Brown	0			1	
Direc	tor	1	0		o	0
Barb	ara Gerling	10	 		+-	
Direc		-	0		0	0
	nna Denealt	-l _a		Ī	7	
Direc		10	 		- 1	
		- 0			ا	^
	tor	1	0		0	0
	tor Lindberg	0			0	0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П		
	instructions for fact vy oneck if the organization used ochecute of to respond to any question in the		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		1		
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)					
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?					
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				
С	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		1		
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		4		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	4				
b	Did the organization file Form 1120-POL for this year?	37b		1		
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? .	20-		1		
_	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	-	-		
39	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on line 9					
ь	Gross receipts, included on line 9, for public use of club facilities	1				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		1		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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	40e		1		
41	List the states with which a copy of this return is filed ▶ New Hampshire					
42a	The digital action a pool at all the control of the	603)27		2 		
_	Located at ► 15 North Park St., Hanover, NH ZIP + 4 ►	037				
D	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)?	-	Yes	No		
		42b		1		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and					
	Financial Accounts (FBAR).	İ				
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		/		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	•□		
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No		
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		V		
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		*		
c	Did the organization receive any payments for indoor tanning services during the year?	44c	 	~		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
AEC	·	44d				
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>		
	Form 990-EZ (see instructions)	45b	' I	•		

									丁	Yes	No
46	Did t	he organization engage, directly or in	directly, in political o	ampaign activities	on be	half of or	in opposit	ion [\neg		
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Parti				<u> </u>	16		1
Part \	/1	Section 501(c)(3) organizations	only								
		All section 501(c)(3) organizations	s must answer que	stions 47-49b a	nd 52	, and cor	nplete th	e table	s fo	or line	es
		50 and 51.									
		Check if the organization used Sch	redule O to respond	to any question	in this	Part VI	<u> </u>		<u>.</u>	• •	
									_	Yes	No
		he organization engage in lobbying		section 501(h) ele	ction i	n effect d	uring the		_ [_
	-	If "Yes," complete Schedule C, Part			• •				47		1
		organization a school as described in		•					18		4
		ne organization make any transfers to	-	-					9a		-
		s," was the related organization a se							9b		
		plete this table for the organization's									
	empi	oyees) who each received more than	\$100,000 of compa	T	yanıza	(d) Health t				OHE.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	00	, meen (u) tenoitudintne		(e) Estir	nater	d amou	ant of
	(41)	Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)		benefit plans, and deferred compensation		d other compensation			ion
None						Compas	auch		—		
NOUS				1			}				
					-+				—		
				[İ				
		·									
					+						
				 					—		
f	Total	number of other employees paid over	er \$100.000	<u> </u>	0						
		olete this table for the organization's		· · · · · · · · · · · · · · · · · · ·	ent co	ntractors	who each	receiv	ed	more	than
		,000 of compensation from the organ									
		Name and business address of each independ		(b) Type of	ioo		(4)	Compen			
	(4)	name and ousliess address of each independ	estit Costulactor	(a) Type of	30: VICO		(C)	- Compa			
None											
		·				ŀ					
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				ļ							
							 	o –			
		number of other independent contra	_		▶_						
		the organization complete Schedu	le A? Note . All se	ection 501(c)(3) o	rganiza	ations mu					
		oleted Schedule A	 	· · · · · ·	• •	• • •		. ► Ø \			
Under pe true, com	nalties ect. an	of perjury, I declare that I have examined this re d complete. Declaration of preparer (other than	stum, including accompan officer) is based on all info	ying schedules and statement or statement of which prepared to the control of the	tements, ner has a	, and to the b any knowled	est of my kn ne.	owledge	and i	belief,	it is
		A Company of property (outer state)	Once you bested on all and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Sign	- 1	Signature of officer				Date	3115				
Here	1	Mary G. Castaldo, Treasurer				Jale					
. 1416	- }	Type or print name and title									
			Preparer's signature		Date			Грті	N		
Paid -		Print/Type preparer's name					Check	44			
Prepa		Den's same	<u> </u>		L	T _F	· · · · · · ·				
Use C	nly	Firm's name ►		······································		Phon	SEIN ►				
May the	e IRS	discuss this return with the preparer	shown above? See i	nstructions		Letton	- 1 N.	► Tīv		[] N	10

Form 990-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public

Inspection Name of the organization Employer identification number Friends of the Hanover and Norwich Schools, Inc. 02-6012322 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). 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 331/3% 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 331/s% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (III) Type of organization (N) is the organization (v) Amount of monetar (vi) Amount of scribed on lines 1-9 ed in your governing support (see er support (see document? above or IRC section instructions instructions) (see instructions)) Yes **(A)** (B) (C) (D) **(E)**

Total

Part	tle A (Form 990 or 990-EZ) 2014 Support Schedule for Organiza	tione Dec	ihad in Sact	ione 170fh\/1	MAN(iv) and	70/b)(1)/A)/ ₆	Page 2
rail	(Complete only if you checked the						
	Part III. If the organization fails to						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	•	•		•	ear as a sectio	, , , ,
Sacti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6	<u>_</u>		1 column (fl)		14	%
15	Public support percentage from 2013 Sch		•			15	
16a	331/s% support test—2014. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 331		
b	331/s% support test—2013. If the organ	•		•			
-	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	anization .		. • 🗈
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
Ь	10%-facts-and-circumstances test20	13. If the orga	anization did no	ot check a box	on line 13, 16	ia. 16b. or 17a.	_

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			1	ì		
	received. (Do not include any "unusual grants.")	13,755	20,790	8,646	17,995	27,890	89,076
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			j			
	unrelated trade or business under section 513						
4	Tax revenues levied for the			Ì		į	
	organization's benefit and either paid					i	
	to or expended on its behalf						
5	The value of services or facilities			l		ļ	
	furnished by a governmental unit to the			İ			
_	organization without charge	13,755	20,790	8,646	17,995	27,890	89,076
6	Total. Add lines 1 through 5	13,735	20,790	0,040	17,355	27,090	03,070
7a	received from disqualified persons .	,		ł		j	
_	• •						·
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000					ļ	
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6.)						89,076
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	13,755	20,790	8,646	17,995	27,890	89,076
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	199	120	73	44	45	481
b	Unrelated business taxable income (less		!				
	section 511 taxes) from businesses						
	acquired after June 30, 1975			· · · · · · · · · · · · · · · · · · ·			
C	Add lines 10a and 10b	199	120	73	44	45	481
11	Net income from unrelated business	1					
						l	
	activities not included in line 10b, whether						
40	activities not included in line 10b, whether or not the business is regularly carried on	į					
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	13,954	20,910	8,719	18,039	27,935	89,557
	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		20,910 's first, second				
13	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization	's first, second		or fifth tax ye	ear as a section	
13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization	's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	► □
13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) di	's first, second	d, third, fourth	or fifth tax ye	ear as a section	99.46 %
13 14 Secti 15 16	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) din nedule A, Part I	's first, second	d, third, fourth	or fifth tax ye	ear as a section	► □
13 14 Section 15 16 Section 16	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) din nedule A, Part I come Percer	's first, second vided by line 1: II, line 15	d, third, fourth,	or fifth tax ye	ar as a section	99.46 % 99.01 %
13 14 Section 15 16 Section 17	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) din nedule A, Part I come Percer line 10c, colum	's first, second vided by line 1: II, line 15 ntage in (f) divided by	d, third, fourth,	or fifth tax ye	15 16 17	99.46 % 99.01 %
13 14 Secti 15 16 Secti 17 18	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re **T Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum 3 Schedule A, F	's first, second vided by line 1: II, line 15 ntage in (f) divided by Part III, line 17	d, third, fourth	or fifth tax ye	15 16 17 18	99.46 % 99.01 % 54 %
13 14 Section 15 16 Section 17	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) din nedule A, Part I come Percer line 10c, colum 3 Schedule A, F ization did not	's first, second vided by line 15 ntage on (f) divided by line 17 check the box	d, third, fourth, 3, column (f)) y line 13, colum	or fifth tax ye	15 16 17 18 ore than 331/39	99.46 % 99.01 % .54 % .99 % 6, and line
13 14 Section 15 16 Section 17 18 19a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re **T Percentage 3, column (f) dinedule A, Part I come Percei line 10c, colum 3 Schedule A, F ization did not and stop here.	's first, second vided by line 1: II, line 15 ntage In (f) divided by Part III, line 17 check the box The organization	d, third, fourth, 3, column (f)) y line 13, colum on line 14, and	or fifth tax ye	15 16 17 18 ore than 331/39 orted organization	99.46 % 99.01 % .54 % .99 % 6, and line
13 14 Section 15 16 Section 17 18 19a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	t Percentage come Percer line 10c, column Schedule A, F ization did not cand stop here. cation did not ci	vided by line 1: II, line 15 II, line 15 II, line 17 Check the box The organizationeck a box on line	d, third, fourth, 3, column (f)) y line 13, colum on line 14, and on qualifies as a	or fifth tax ye	15 16 17 18 ore than 331/39 orted organization is more than 3	99.46 % 99.01 % .54 % .99 % 6, and line on . ► 31/3%, and

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	iee separate instructions), ti	hen			
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.	 	Employer idea	ntification number
	of organization Is of the Hanover and Norwich	Schools inc		Employer such	02-6012322
Part		e organization is exempt uno	lor section 501/	c) or is a section 527	
1		the organization's direct and indirect			71 garii 2000 111
2	Political expenditures .		scr political carripa		
3	Volunteer hours				
	Voicinosi ilosio i				
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955 ▶ 🖇	
2	-	excise tax incurred by organization	•)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	Yes No
4a	Was a correction made?	• • • • •			Yes No
<u>b</u>	If "Yes," describe in Part				(-)(a)
Part		e organization is exempt unc			<u>(C)(3).</u>
1	activities	tly expended by the filing organi	zauon for secuon	► \$	
•		filing organization's funds contri	buted to other om	•	
2	527 exempt function acti	• •	buted to other org		
3		expenditures. Add lines 1 and 2	Finter here and		
•	line 17b			> \$	
4		n file Form 1120-POL for this year	7		Yes No
5		ses and employer identification nu		ection 527 political organi	
•	organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
	the amount of political co	ontributions received that were pro	omptly and directly	delivered to a separate p	political organization, such
	as a separate segregated	fund or a political action committ	tee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)			_		
(6)					

Page	2

Par	t II-A Complete if the organizar section 501(h)).	tion is exempt (inder section 50	01(c)(3) and file	d Form 5768 (ek	ection under
A	Theck ► ☐ if the filing organization name, address, EIN, exp					oup member's
BC	heck ▶ ☐ if the filing organization			rol" provisions a	apply.	
	Limits on Lo "The term "expenditures"	obbying Expendit means amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influer	nce public opinion	(grass roots lobby	ring)		
b	Total lobbying expenditures to influer	nce a legislative bo	dy (direct lobbying	g)		
C	Total lobbying expenditures (add line	s 1a and 1b) .				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c and 1	d)			
f	Lobbying nontaxable amount. Ente columns.	er the amount fr	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is: The lobbying	nontaxable amount	t is:		學學學學學
	Not over \$500,000	20% of the an	nount on line 1e.			The second second
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			企學學院的語	的學科學的學
g	•	•				
h	3 -	•				
i	Subtract line 1f from line 1c. If zero of	•			L	
j 	If there is an amount other than ze reporting section 4911 tax for this ye		1h or line 1i, did	•		Yes No
	(Some organizations that made a See t	the separate instr	ection do not hav uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
	Lobby	ing Expenditures	During 4-Year A	reraging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
d						
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Fort	n 576 8
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	iption of the lobbying activity.	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
a	Volunteers?	✓	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	1	
d	Mailings to members, legislators, or the public?	~	
е	Publications, or published or broadcast statements?	1	
f	Grants to other organizations for lobbying purposes?	V	
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	1	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	1	
:	Total. Add lines 1c through 1i		
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		· · · · · · · · · · · · · · · · · · ·
b	If "Yes," enter the amount of any tax incurred under section 4912		Salah Malaka Cili San Salah
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		
đ	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	S.F. SETLUEL 44	ZYMSYNOSMO.
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ection
-			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2
_ 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (transwered "Yes."		
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Par			
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li	st); Pa	rt II-A, lines 1 and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.		
·			****
·	·		
		·	
·			

SCHEDULE 0 (Form 990 or 990-EZ)

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.

20**14**

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Friends of the Hanover a	Employer identification number 02-6012322	
Therias of the Harlover a	and Norwich Schools, inc	02-0012022
01 List of grants and sin	nilar amounts paid (Part 1, Line 10)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Activity	Support of local public schools	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Grantee	SAU 70	
Street	41 Lebanon St , Suite 2	
City, State, Zip	Hanover, NH 03755	~~~ ***********************************
Amount	\$27,144	
01 Description of other	expenses (Part 1, Line 16)	
Description	Amount	
Fees	\$75	
Supplies	\$1107	
Total	\$1182	

