

## 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



Form **990-EZ** 

## **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)

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ 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

A F	or the	2016 calenda	ar year, or tax year beginning January 1 , 2016, and	l ending De	cember	31 , 20	16
<b>B</b> 0	heck if ap	plicable	C Name of organization	D Emp	oloyer ide	ntification number	er .
	Address c	hange	02	-6012322			
	Name cha	- 1	Number and street (or P O box, if mail is not delivered to street address)	om/surte E Tele	phone nu	mber	
75	nıtıal retur Fınal retur	m n∕terminated	c/o SAU 70, 41 Lebanon St.	2	(603)643	-6050, ext. 2006	<u>.                                    </u>
$\overline{}$	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exen	nption	
	Application	n pending	Hanover, NH 03755	Nu	mber 🕨		
G A	ccount	ing Method.	✓ Cash Accrual Other (specify) ►	H Check	▶ 🔲 ıf	the organization	ıs <b>not</b>
i V	<b>Vebsite</b>	:▶		require	d to atta	ch Schedule B	
JT	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or [		990, 990	-EZ, or 990-PF).	
		•	☑ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total assets	3		
_		<u>——́—</u> —	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>		38,724
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances	•		for Part I)	
			the organization used Schedule O to respond to any question in the	his Part I	<del></del>	<u> </u>	. V
	1		ons, gifts, grants, and similar amounts received		1		38,665
	2	-	ervice revenue including government fees and contracts	· · · · ·	2		
	3		ip dues and assessments		3		
	4	Investmen			4		59
	5a		ount from sale of assets other than inventory 5a		-		
	b		or other basis and sales expenses		4		
	C		5c				
	6		nd fundraising events ome from gaming (attach Schedule G if greater than		1		
ø	a	\$15,000)	1 1				
Revenue		•	<u></u>		-		
ě	Ь		of corasing events (not including \$ of corasing events reported on line 1) (attach Schedule G if the	ontributions	1 1		
Œ	ľ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			the gross income and contributions exceeds \$15,000)	<del> </del>	1		
	d		e or (loss) from gaming and fundraising events	h and subtract	-		
	-	line 6c)	o of (1000) from gaining and foliationing events (and fines of and of		6d		
	7a	•	s of inventory, less returns and allowances		00		
	Ь ,		of goods sold		4		
	c		it or (loss) from sales of inventory (Subtract line 7h from line 7a)		7c		
	8	-	nue (describe in Schedule O)		8		
	9		nue (describe in Schedule O)	000	9		38,724
	10		d similar amounts paid (list in Schedule O)	50 5	10		28,058
	11		ald similar amounts paid (list in Schedule O)  and to or for members  ther compensation, and employee benefits		11		
Ş	12	Salaries, o	and compensation, and employed benefits if it is again to the	1022 / 2 .	12		
nses	13	Profession		"! /ŏ/	13		
Expe	14		al fees and other payments to independent contractors		14		
ŭ	15		ublications, postage, and shipping		15		1,899
	16		enses (describe in Schedule O)	/	16		314
	17		enses. Add lines 10 through 16		17		30,271
Ŋ	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18		8,453
set	19		or fund balances at beginning of year (from line 27, column (A)) (n	nust agree with			
Asi	1	end-of-yea	ar figure reported on prior year's return)		19		44,475
Net Assets	20	Other char	nges 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		52,928
For	Paper	work Reduc	tion Act Notice, see the separate instructions. Cat No	106421	· <del>-</del>	Form <b>990-E</b>	<b>Z</b> (2016)

Par	t II Balance Sheets (see the instructions for	or Part II)				
	Check if the organization used Schedule (	O to respond to an	y question in this		<u>.</u>	<u> </u>
				(A) Beginning of year	<u>L</u>	(B) End of year
22	Cash, savings, and investments		[	44,475		52,928
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		[	0	_	0
25	Total assets			44,475		52,928
26					26	0
27	Net assets or fund balances (line 27 of column (			44,475	21	52,928
Par	till Statement of Program Service Accomp Check if the organization used Schedule (				1	Expenses
\A/hat		Support local public	<del></del>	raitiii L	(Re	quired for section
						(c)(3) and 501(c)(4) anizations, optional for
as m	cribe the organization's program service accomplish neasured by expenses. In a clear and concise ma ons benefited, and other relevant information for eac	anner, describe the	e services provided	t, the number of		ers)
	Solicit public donations and use the proceeds to fund					1
	\$38,665 in donations were received and \$28,058 in gra	ints were made				
	/O				00	_
~		ncludes foreign gra			28	a 0
29					{	
	(Grants \$ ) If this amount ii	ncludes foreign gra	nte chack here	<b>N</b>	29	a
30			<del></del>		23	<del>-</del>
00					ļ	
					ļ	
	(Grants \$ ) If this amount in	ncludes foreign gra	nts, check here	• П	30	a
31	Other program services (describe in Schedule O)				+==	<del></del>
		ncludes foreign gra			31	a
32	Total program service expenses (add lines 28a th				32	2 0
_	t IV List of Officers, Directors, Trustees, and Key				instri	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		🗆
		(b) Average	(c) Reportable compensation	(d) Health benefits,	V20 1	a) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC		yee (	e) Estimated amount of other compensation
			(if not paid, enter -0-)	deferred compensation	on	
Mich	ele Sacerdote		}		1	
co-ch		0		0	0	0
Arny	Pattison				-	
co-ct	nair	0	ļ!	0	0	0
Mary	Castaldo		ļ		-	
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Scott	t Brown					
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Direc		0	(	o	0	(

# FRIENDS OF THE HANDWER AND NORWICH SCHOOLS, INC.

02-6012322

34 35a b c 36 37a b 38a b	instructions for Part V) Check if the organization used Schedule O to respond to any question in this 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	Part \		No  V  V  V
34 35a b c 36 37a b 38a b	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 34 35a 35b 35c		✓ ✓ ✓
34 35a b c 36 37a b 38a b	detailed description of each activity in Schedule O	33 34 35a 35b 35c	Yes	✓ ✓ ✓
34 35a b c 36 37a b 38a b	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)  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)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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  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  Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  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?	34 35a 35b 35c		<b>√</b>
35a b c 36 37a b 38a b 38a	change on Schedule O (see instructions)	35a 35b 35c 36		<b>√</b>
b c 36 37a b 38a b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b 35c 36		<u> </u>
36 37a b 38a b	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 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	35c 36		<u> </u>
36 37a b 38a b	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 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		1
37a b 38a b	during the year? If "Yes," complete applicable parts of Schedule N			✓
b 38a b 39	Did the organization file <b>Form 1120-POL</b> for this year?	37b		
38a b 39	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b		
b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			<b>✓</b>
39		38a		1
_	If "Yes," complete Schedule L, Part II and enter the total amount involved	1 }		
	Initiation fees and capital contributions included on line 9	4		
	Gross receipts, included on line 9, for public use of club facilities			
	section 4911 ► ; section 4912 ► ; section 4955 ► 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		
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	400		_
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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
	List the states with which a copy of this return is filed ▶			
		603-27		2
	Located at ► 15 North Park St., Hanover, NH  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	037	Yes	Blo
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No V
	If "Yes," enter the name of the foreign country: ▶			Ť
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country. ▶	42c		✓
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			▶ □
			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	ļ	1
	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	-	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Ž
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		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		1
b	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)			

Page	4

46		ne organization engage, directly or in ndidates for public office? If "Yes," o			n behalf of or 	in opposi	tion 46		
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47-49b and	152, and co	mplete th	e tables	for lin	es
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI	<u></u>		<u>,</u>	. 🗆
47	<b>5</b>	and the second s		t 501/b) -lt-		مطاه سمسييا		Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(n) electi		auring the	. 47		1
48	-	organization a school as described in					48	<del>                                     </del>	1
49a		ne organization make any transfers to					. 49a	1	1
b		s," was the related organization a se					. 49t		
50		olete this table for the organization's							
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "l	Vone '	<b>,</b>
	(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 contributions benefit plans, comper	to employee and deferred	(e) Estimate other co		
							)		
					<del></del>	<u>_</u>	<u> </u>		
					<u> </u>				
				1	Ì				
f	Total	number of other employees paid ov	er \$100.000	. ▶			<u> </u>		
51	Com	plete this table for the organization	's five highest comp		nt contractors	who eac	h received	i more	e than
	\$100	,000 of compensation from the orga	anization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	dent contractor	(b) Type of se	ervice	(0	) Compensa	tion	
				<del> </del>					
				1	'				
				]		<u> </u>			
				1					
				<del> </del>					
				-					
ď	Total	number of other independent contri	actors each receiving	over \$100,000 .	. •				
52	Did	the organization complete Sched	ule A? Note: All se	ection 501(c)(3) org	ganizations n	nust attac	h a		
	comp	oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	<u> </u>	.►☑ Ye	s 🗆	No
		of perjury, I declare that I have examined this id complete. Declaration of preparer (other that					knowledge a	nd belie	f, it is
		1 162			- 4	25/1	017		
Sign	1	Signature drofficet			D	ie			
Here		Mary Castaldo, Treasurer							
		Type or print name and title	Property's separature		Date		7 PTIN		
Paid		Print/Type preparer's name	Preparer's signature	{	Date	Check C	] If [		
Prep		Firm's name				self-empl	oyeu [		
Use	Only Firm's name Firm's EIN Phone no								
	·,	Firm's address ▶			Ph	one no			

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

2016

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Instructions of the organization Implyer 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 12, 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 (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h 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. 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. d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (iv) is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						ualify under
Secti	on A. Public Support			, , , , , , , , , , , , , , , , , , ,			<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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			ļ		<b> </b>	<b></b>
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)						
Section 6	Public support. Subtract line 5 from line 4 on B. Total Support	L	L	J	L	<u> </u>	
	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	(a) 2012	(6) 2013	(0) 2014	(4) 2013	(6) 2010	(i) Total
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 12	<b>Total support.</b> Add lines 7 through 10 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			nd, third, fourth			
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2016 (line		<u></u>	11, column (f))		14	%
15	Public support percentage from 2015 Sci	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2016. If the organ						
b	box and <b>stop here</b> . The organization qua <b>33</b> ½% <b>support test—2015</b> . If the organithis box and <b>stop here</b> . The organization	zation did not	check a box	on line 13 or 10	6a, and line 15	ıs 331/3% or	more, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	016. If the org eets the "facts 'facts-and-circ	ganization did i s-and-circums cumstances" t	not check a bo tances" test, c est. The organ	ox on line 13, 1 heck this box ization qualifie	16a, or 16b, a and <b>stop he</b> i s as a public	and line 14 is re. Explain in ly supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is appreciated organization.	ation meets the "fac	he "facts-and- cts-and-circum	cırcumstances ıstances" test.	" test, check The organizat	this box and tion qualifies	d stop here. as a publicly
18	supported organization	id not check a	box on line 10	3, 16a, 16b, 17	a, or 17b, ched	ck this box ar	nd see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify	under the tes	ts listed belo	w, please cor	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	8,646	17,995	27,890	31,205	38,665	124,401
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		ţ				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	8,646	17,995	27,890	31,205	38,665	124,401
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						124,401
	on B. Total Support						<del></del>
	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	8,646	17,995	27,890	31,205	38,665	124,401
10a	Gross income from interest, dividends,		l		ĺ	ĺ	
	payments received on securities loans, rents,	Ì		ì	)	)	
	royalties and income from similar sources .	73	44	45	51	59	272
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	73	44	45	51	59	272
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on				P		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) [	8,719	18,039	27,935	31,256	38,724	124,673
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth	, or fifth tax ye		n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2016 (line 8	3, column (f) div	vided by line 1	3, column (f))	<del></del>	15	99.78 %
16	Public support percentage from 2015 Sch	iedule A, Part I	II, line 15 .		<u></u>	16	99.69 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2016 (	ine 10c, colum	in (f) divided b	y line 13, colur	nn (f))	17	.22 %
18	Investment income percentage from 2015					18	.31 %
19a	331/3% support tests - 2016. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on 🕨 🗸
b	331/3% support tests—2015. If the organiz						
00	line 18 is not more than 331/2%, check this l		_				
20	- Frivate toungation if the organization di	U UDI COACE 3 !	TO V COLUMN 1/	IUS AFTUR A	THE PAY	SIDD COO INCIDIA	muone 🗩 !!

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	   	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		<u> </u>
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b	<del> </del> -	<b>├</b>
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	<b>├</b> ─	<del> </del>
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	106		-

Schedul Part	e A (Form 990 or 990-EZ) 2016 French by the Menues and Minusch Schools, Inc. 62-6012  Supporting Organizations (continued)	322	<u> </u>	Page 5
	capperaing organization (continuous)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ļ	
<b>.</b>	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110	L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			<del></del>
4	18/ann a manager, of the appropriate and discrete and manager discrete the territory of the discrete and		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	┼	
J	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	<b>s</b> ).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (</li> </ul>	'see ır	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
h	·	2a	-	┼
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
•	activities but for the organization's involvement.	2b	<del> </del>	<del> </del>
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		ļ 
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	+	+
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		<del></del>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<del></del>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		<del> </del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	-		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	<u> </u>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	<u> </u>	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

	e A (Form 990 or 990-EZ) 2016 Friends of the Henry of  Type III Non-Functionally Integrated 509(a)(3	-and Nerwich Sch	00 K. Isc 02 t	012322 Page 7
Part		) Supporting Organi	zations (continued)	
Secti 1	on D - Distributions			Current Year
<u></u>	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe			
2	organizations, in excess of income from activity	mpt purposes of suppo	rtea	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	oses of supported orga	inzations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
_	(provide details in Part VI). See instructions.		po	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			L
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
<u>         i                           </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
<u>b</u> _	Applied to 2016 distributable amount		<u> </u>	
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		:	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С				
d	Excess from 2015		<u> </u>	
е	Excess from 2016	1	l	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	see separate instructions), the					
	ection 501(c)(4), (5), or (6) orga of organization	inizations. Complete Part III		Employer ide	entification number	
Friends of the Hanover and Norwich Schools, Inc.					02-6012322	
Part		e organization is exempt unde	er section 501(c	or is a section 527		
1	Provide a description of	the organization's direct and in				
	definition of "political can				•	
2						
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)			
Part		e organization is exempt und				
1		excise tax incurred by the organiza			<b>b</b>	
2		excise tax incurred by organization			2	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					
4a b	If "Yes," describe in Part				Yes No	
Part		e organization is exempt und	er section 501/	a) except section 50	1/0//2)	
1		ly expended by the filing organiz			1(0)(0).	
•	activities				\$	
2	Enter the amount of the	filing organization's funds contrib	uted to other ora	anizations for section	<b>*</b>	
		vities			\$	
3		expenditures Add lines 1 and 2.			Ψ	
		·			\$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No	
5	· · · — — — — — — — — — — — — — — — — —					
		ents. For each organization listed,				
		ontributions received that were pro				
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, pro	vide 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	_

	II-A	Complete if the organization section 501(h)).					
		if the filing organization be name, address, EIN, exper	ses, and sha	re of excess lobb	ying expenditur	es).	up member's
<b>B</b> _C	heck 🕨	if the filing organization che			rol" provisions a	pply.	
		Limits on Lobb (The term "expenditures" me			ļ	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obbying expenditures to influence		<u>.                                    </u>			
b		obbying expenditures to influence					
c		obbying expenditures (add lines 1	_				
d							
e		xempt purpose expenditures (add					
f		ing nontaxable amount. Enter		•			
	If the ar	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:	1	
	Not ove	r \$500,000	20% of the an	nount on line 1e		]	
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.	]	
	Over \$1	,000,000 but not over \$1,500,000	<del></del>	10% of the excess of		}	
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.	1	
		7,000,000	\$1,000,000.				
g		oots nontaxable amount (enter 25					
h		ct line 1g from line 1a. If zero or le				<u> </u>	
í		ct line 1f from line 1c. If zero or le				L	
j		e is an amount other than zero ng section 4911 tax for this year?		1h or line 1i, did			☐ Yes ☐ N
	(Som	ne organizations that made a se See the	ction 501(h) ele separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	During 4-Year Av	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) Total
<b>2</b> a	Lobby	ing nontaxable amount					
b	-	ing ceiling amount of line 2a, column (e))					
c	Total	obbying expenditures					
C	i Grassi	roots nontaxable amount					
e		roots ceiling amount of line 2d, column (e))					
f	Grass	roots lobbying expenditures					
-						Schedule C (Form	990 or 990-F7\

ng organization attempt to influence foreign, national, state or local attempt to influence public opinion on a legislative matter or	ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed 📙
attempt to influence public opinion on a legislative matter or	-H (H. 11)
attempt to influence public opinion on a legislative matter or	During the year, did the filing organization attempt to influence foreign, national, state or local
e of:	legislation, including any attempt to influence public opinion on a legislative matter or
	referendum, through the use of:
· · · · · · · · · · · · · · · · · · ·	Volunteers?
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
<del></del>	Publications, or published or broadcast statements?
	Grants to other organizations for lobbying purposes?
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
initials, conventions, speeches, lectures, or any similar means?	
	+ 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
	If "Yes," enter the amount of any tax incurred under section 4912
· · · · · · · · · · · · · · · · · · ·	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .
	rent en la
organization is exempt under section 501(c)(4), section 501(c)(5), or section	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)
	501(c)(6).
Yes	
· · · · · · · · · · · · · · · · · · ·	Were substantially all (90% or more) dues received nondeductible by members?
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the
ther (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."
	Dues, assessments and similar amounts from members
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts
	political expenses for which the section 527(f) tax was paid).
<u> </u>	Current year
	Carryover from last year
2a 2b	Takal
2a 2b 2c	Total
2a         2b         2c         3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .
2a 2b 2c 2c 2c 2c 2c 2c 3 2c 3 2c 3 2c 3 2	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues . If notices were sent and the amount on line $2c$ exceeds the amount on line $3$ , what portion of
2a 2b 2c 2c 2c 2c 3 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby
2a 2b 2c 2c 2in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  are amount on line 2c exceeds the amount on line 3, what portion of the on agree to carryover to the reasonable estimate of nondeductible lobbying ext year?	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?
2a 2b 2c 2c 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?
2a 2b 2c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?

Schedule C (For	m 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
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•========		

#### SCHEDULE O (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.

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

OMB No 1545-0047 20**16** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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	Employer identification flumber
Friends of the Hanover and Norwich Schools	02-6012322
01. List of grants and similar 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	
City, State, Zip: Hanover, NH 03755	
Amount: \$28,058	
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02. Description of other expenses (Part 1, Line 16)	
Description	
Fees: \$290	
Supplies: \$24	
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Name of the organization	Employer identification number
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