Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

| B Check if applicable Address change Name change Initial return Final return/terminated Amended return Application pending G Accounting Method I Website: ► N/A J Tax-exempt status (che K Form of organization: L Add lines 5b, 6c, and | C Name of organization HANQVER ARC, INC Number and street (or P O box. if mail is not delivered to street address) P O BOX 91 City or town state or province, country, and ZIP or foreign postal code ASHLAND, VA 23005 Cash ☒ Accrual Other (specify) ▶ ck only one) - ☒ 501(c)(3) ☐ 501(c) () ◄ (insert no) ☐ 4947(a)(1) or ☒ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or now) are \$500,000 or more, file Form 990 instead of Form 990-EZ | y be made pure test information and ending Room/suite 03 H 1527 | Open to Public Inspection Jun 30 , 2018 D Employer Identification number 54 - 0975872 E Telephone number (804) 798 - 2400 F Group Exemption Number Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | - |
|---|--|---|--|---|
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | I | | |
| | | | | |
| | | | | |
| V (> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| | | | | |

7 ns -

<u>-</u>—

A PROPERTY AND A PROP

| _ | | | | . 490 - |
|----------|--|-----------------------|----|-----------------|
| Р | art II Balance Sheets (see the instructions for Part II) | | | |
| \equiv | Check if the organization used Schedule O to respond to any question in this | s Part II | | <u>.</u> 🗵 |
| | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | 140,181. | 22 | 152,148. |
| 23 | Land and hulldings | | 23 | · · · |

| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|------|---|--------------------|-----------------|----------------|----------|-------------|-----------|
| 7 | Amounts from line 4 | 105,413. | 79,415. | 93,077. | 74,718. | 87,838. | 440,461. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,500. | 1,828. | 1,702. | 3,052. | 3,310. | 11,392. |
| 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.) | 18,760. | 19,131. | 11,099. | 14,240. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | 98 3 July 2 | 525,385. |
| 12 | Gross receipts from related activities, etc | . (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop he | | | | | | |
| Sect | tion C. Computation of Public Support | | | | | | |
| 14 | Public support percentage for 2017 (line | 6, column (f) di | vided by line 1 | 1, column (f)) | | 14 | 83.84 % |
| 15 | Public cuppert percentage from 2016 Sci | hadula A Part | II line 14 | | | 15 | 57.48 % |

Form 980-EZ (2017)

| Part V Other Information (Note the Schedule A and personal benefit contract statement requirements | s in the |
|--|--|
| Other Whole the Golledie A and personal bottom contract statement requirement | - D41/ |
| | |
| <u> </u> | |
| | |
| r . | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| A | |
| | |
| | |
| | |
| | |
| · | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | A PARTY OF THE PAR |
| | |
| | |
| | |
| | ···· |
| |) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Form 990-EZ (2017) | | | | | | | | |
|---|--|--|---|--|--|--------|--------|--|
| | | | | | | Yes | No | |
| 46 | Did the organization engage, directly or to candidates for public office? If "Yes," | | | | | A 50 | × | |
| Par | Section 501(c)(3) organization All section 501(c)(3) organizatio | | estions 47-49b and | 52, and complete th | | or lin | · | |
| | 50 and 51. | shadula O ta raspana | t to any guestion in t | nic Part VI | | | . 🗆 | |
| | Check if the organization used Schedule O to respond to any question in this Part VI | | | | | | | |
| 47 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa | | | | | | × | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | | |
| | Did the organization make any transfers If "Yes," was the related organization a s | | | | | | × | |
| 50 | Complete this table for the organization employees) who each received more that | s five highest compen | sated employees (oth | er than officers, direct | ors, trustee | | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimate | d amoi | unt of | |
| NON | Е | - | | | | | | |
| | | <u> </u> | | | | | | |
| | | 7 | 4.00.00 | 7.1. | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| , , | <u>, (</u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| | <u></u> | | f years | - 4 | | · | | |
| | <u> </u> | | | ./4 | J. J. | هند. | | |
| - | | | <u> </u> | - | ************************************** | | | |
| *** | <u></u> | | <u> </u> | | • F | | | |
| | | | | | • F | | | |
| - | | | | | • F | | | |
| | | | | | 3 F | | | |
| - <u>- </u> | | | | | * F | | | |
| | | | | | * F | | | |

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

(D)

(E)

Total

Department of the Treasury Internal Revenue Service

Employer identification number

HANOVER ARC, INC 54-0975872 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). IXI 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 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 331/2% 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). 12 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 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 II, 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). (v) Amount of monetary (I) Name of supported organization (Iv) is the organization (vf) Amount of (III) Type of organization listed in your governing other support (see (described on lines 1-10 support (see instructions) instructions) above (see instructions)) Yes No (A) (B) (C)

| nedule A (Form 990 or 990-EZ) 2017 | | | | | | Page 2 |
|--|----------------|-----------------|-----------------|---------------|----------------|-------------------|
| (Complete only if you checked the Part III. If the organization fails to | he box on line | e 5, 7, or 8 of | Part I or if th | e organizatio | n failed to qu | i) alify under |
| ction A. Public Support | | | | | | |
| endar year (or fiscal year beginning in) > Gifts, grants, contributions, and | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| , | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |

| Part IV | | rganization | |
|---------|--|-------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

(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.)

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F | Part V | <u>'.) </u> | |
|------|--|--------|--|--------|
| Sect | ion 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | 4 € | 182 |
| 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 Part VI when and how the organization made the determination. | 3b | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put In place to ensure such use. | 3c | : 14.J. | Lister |
| 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 | ici | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| C | 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 Part VI 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 | | |
| 5a | 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 Part VI_including (i) the names and EIN | 150 | 41.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| | <u> </u> | | | |
| | | | | |
| | v | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| _ | • |
|------|---|
| Page | - |

| 0-4-4 | | | | |
|----------|---------|--------|---------|------|
| Schedule | A /Form | ggn or | 99D-F/1 | 2017 |

| Part | W Supporting Organizations (continued) | | - | Page |
|---------|--|---------------|--------------|--|
| - EII L | V Supporting Organizations (continued) | | V | NI. |
| | The state of the s | | 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) | | 300 | |
| | below, the governing body of a supported organization? | 11a | <u> </u> | <u> </u> |
| | A family member of a person described in (a) above? | 116 | | <u> </u> |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | L |
| ect | on B. Type I Supporting Organizations | | | |
| | | | Yes | N |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | Ġ, |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | 雪 |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 重量 | | Ē., |
| | controlled the organization's activities. If the organization had more than one supported organization, | 三省 | | 7 |
| | 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 | الحنقط | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 1 | = |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | 124 | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | <u> </u> |
| | supervised, or controlled the supporting organization. | 2 | F A 78: | 24 |
| e conti | on C. Type II Supporting Organizations | 14 | | |
| ecu | on C. Type it Supporting Organizations | ; | V | Ala |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | -2 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 三 | | =- |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | 蘁 | |
| | the supported organization(s). | 1 | | |
| ecti | 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 | | 4. [집 | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (lii) copies of the | - 2 L | . 1 | ´ <u>; </u> |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | <u>.</u> |
| 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 Part VI how | | 4 | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | C-Spender | • |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | EX 5 | | |
| _ | significant voice in the organization's Investment policies and in directing the use of the organization's | | | 鲤 |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | 五百 | 霊: |
| | supported organizations played in this regard. | 3 | In state | |
| | on E_Type III Eungtionally Intervated Supporting Organizations | | | |
| الله: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | instructions. All other Type III non-functionally integrated supporting or | rganization | | (B) Current Year |
|---|---|-------------|----------------|--------------------------------|
| | ction A - Adjusted Net Income | | (A) Prior Year | (optional) |
| | Net short-term capital gain | 1 | | |
| | Recoveries of prior-year distributions | 3 | | |
| | Other gross income (see instructions) Add lines 1 through 3. | 4 | | |
| | Depreciation and depletion | 5 | <u> </u> | |
| | Portion of operating expenses paid or incurred for production or | -+*- | | |
| | ellection of gross income or for management, conservation, or | | | |
| | aintenance of property held for production of income (see instructions) | 6 | | |
| | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Sec | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): | | | |
| | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | [1d] | | ACUmmero, raman |
| | , A _{rx} . | | | |
| <u> </u> | | | | |
| | | | | |
| <u> </u> | | | | |
| <u> </u> | | | | |
| <u> </u> | | | | |
| <u></u> | | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| £ | | P. s. |) : | |
| £ | | 17.5 | | |
| | | 1. * | → ; | |
| | | J. 5 | | |
| *************************************** | | | 3 : | |
| | | | 3 ; | |
| | | 1. * | J ; | |
| | | J. 5 | | |
| *************************************** | | | * : | |
| | | P. F. | | |
| | | | | |
| | | f. v | | |
| | | 17-2- | | |

| Section D - | Current Year | |
|-------------|--|--|
| 1 Amou | nts paid to supported organizations to accomplish exempt purposes | |
| | nts paid to perform activity that directly furthers exempt purposes of supported zations, in excess of income from activity | |
| 3 Admin | strative expenses paid to accomplish exempt purposes of supported organizations | |
| L. Pare | The second secon | |

Description: In kind contributions of Furn & Equip added after 990 prepared \$3,298 Description: Depreciation on contributed Furn & Equip -\$265 Pt II, Line 24: Description: PLEDGES RECEIVABLE Beginning of Year: \$17,500 End of Year: \$12,063 Description: SECURITY DEPOSIT Beginning of Year: \$450 End of Year: \$450 Description: INVESTMENTS-PUBLICLY TRADED SECURITIES Beginning of Year: \$25,800 End of Year: \$28,394 BAA

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

Schedule O (Form 990 or 990-EZ) (2017)

| T 1. | 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.) |
|-------------|---------|---|
| | | |
| <u></u> | | |
| je k | | |
| | | |
| | | |
| | | |
| | | |

- 2 Activities Test. Answer (a) and (b) below.
- a 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.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a. Did the organization base the nower to regularly appoint or elect a maintity of the officers, directors, or

| | Yes | No |
|-----|---------------------------------------|----|
| 2a | | |
| *** | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions

| Name of the organization | | insigner company for the f | | Employer identifi | ication number |
|---|---|--|-----------------------------------|---|---|
| HANOVER ARC, INC | | | | 54-0975872 | <u></u> |
| | Activities. Complete if the | _ | | orm 990, Part IV, | line 17. |
| | filers are not required to organization raised funds t | | | thack all that annly | |
| a Mail solicitations | organization raised fords t | | ion of non-govern | | |
| b [] Internet and emai | il solicitations | | ion of government | | |
| c Phone solicitation | | | fundraising events | - | |
| d 🔲 In-person solicita | tions | u – . | J | | |
| | have a written or oral agree ted in Form 990, Part VII) or | | | | |
| b If "Yes," list the 10 hi | ighest paid individuals or e | ntities (fundraisers) p | | - | |
| compensated at leas | t \$5,000 by the organization | n. | | | |
| (i) Name and address of indion or entity (fundraiser) | ividual (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes No | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| T-4-1 | | | | | |
| | h the organization is regist | ered or licensed to s | olicit contributions | s or has been notific | ed it is exempt from |
| registration or licensin | ıg. | | | | |
| •••••• | | | | | |
| ••••••• | | | | | , |
| | | | | | |
| | *************************************** | | | | |
| •••••••••• | | | | | |
| | | | | | |
| | *************************************** | | | | , |
| | ••••••••••••• | | | | |

| | | gross receipts greater thi | an \$5,000. | | | |
|-----------------|----------------------|---|--|--|----------------------------|--|
| | | | (a) Event #1 ATOH | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| a | | | (ovent type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | 6,822. | | 9,004. | 15,826 |
| Œ | 2 | Less: Contributions Gross income (line 1 minus | 4,750. | | 774. | 5,524 |
| | | line 2) | 2,072. | | 8,230. | 10,302 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages . | | | | |
| Oire | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 1,342. | | 25. | 1,367 |
| | 10 11 | Direct expense summary. Ac Net income summary. Subtra | | | | 1,367 8,935 |
| Рá | rtill | Gaming. Complete if the than \$15,000 on Form 9 | | red "Yes" on Form 99 | 00, Part IV, line 19, or r | eported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Se Se | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes . | | | | ······ |
| Jirect | 4 | Rent/facility costs | | | | |
| ۱ - | 5 | Other direct expenses . | | | | |
| | | | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes % ☐ No | です。 1 |
| | 6 7 | | □ No | □ No | <u> </u> | |
| | | Volunteer labor | No No dd lines 2 through 5 in co | No No olumn (d) | □ No | <u> </u> |
| | 7 | Volunteer labor Direct expense summary. Ad Net gaming income summary | No Id lines 2 through 5 in co | No No olumn (d) | □ No | - A-19 元 R-2 |
| | 7 8 Entails t | Volunteer labor Direct expense summary. Ad | No Id lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gai | No | ▶ | Yes □ N |
| á | 7 8 Entails t | Volunteer labor Direct expense summary. Ad Net gaming income summary iter the state(s) in which the or the organization licensed to co | No Id lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gai | No | ▶ | Yes N |
| á | 7 8 Entails to | Volunteer labor Direct expense summary. Ad Net gaming income summary iter the state(s) in which the or the organization licensed to co | No Id lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gar onduct gaming activities aming licenses revoked | No | □ No | . Yes N |

| | Oned. | tle G (Form 990 or 990-EZ) 2017 | | | | |
|--|---|--|----------|-----|--------|--|
| 1 | Schedi 11 | Does the organization conduct gaming activities with nonmembers? | 一 | Yee | Page 3 | |
| | 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | | | | |
| 1 | 13 11 | · · | <u>ш</u> | Yes | □ No | |
| | | · | | | | |
| ************************************** | | | | | | |
| | | | | | | |
| % | | | | | | |
| , | | | | | | |
| • | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | | |
| | | · | | | | |
| | b | | | | | |
| | 3 - | _ | | | | |
| _ | | | | | | |
| <u></u> | | The state of the s | | | | |
| | | | | | | |
| | | | | | | |
| To the second | | | | | | |
| 45 | | | | | | |
| . | | | | | | |
| <u>, </u> | | | | | | |
| • | | <u> </u> | | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| . . | | | | | | |
| | | | | | | |
| 5 | | | | | | |
| | | | | | | |
| F=1 | ئىسىرى 1 رائو ت 1 <u>د د د</u> 14.6 | · · · · · · · · · · · · · · · · · · · | = | _ | | |
| <u> </u> | | | | | | |
| | | | | | | |
| _ | | A (| | | | |
| - | | | | | | |
| ř <u></u> | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| 1 dr | | | | | | |
| | | I | | | | |
| | | | | | | |
| <u> </u> | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No 1545-0047

| Name of the organization | Employer identification number |
|---|--------------------------------|
| HANOVER ARC, INC | 54-0975872 |
| | |
| Pt I, Line 10: | |
| Personnel on COUCLARGUIDO | |
| Description: SCHOLARSHIPS | |
| Class of activity: CASH PAYMENTS | |
| | |
| Grantee's name: VARIOUS | |
| | |
| Grantee's relationship: CLIENT | |
| | |
| Amount given: \$675 | |
| | |
| | |
| | |
| Proposition 1 and | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| *(A | |
| - Telephone | |
| 10 × Equition 2 (10) | |
| | |
| | |
| | |
| Th., | |
| 12°71 | |
| | •. |
| X . | _ |
| | |
| | |
| | |
| | |
| • | |
| read himself in the second | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 1 | |

| Name of the organization | Employer Identification number |
|--|---|
| HANOVER ARC, INC | 54-0975872 |
| | |
| Description: PREPAID EXPENSES Beginning of Year: \$632 End of | Year: \$470 |
| Description: FIXED ASSETS-NET OF ACCUMULATED DEPREC Beginning of | Year: 0 End of Year: \$2,501 |
| Pt II, Line 26: | |
| Description: PAYROLL TAXES PAYABLE Beginning of Year: \$2,895 | End of Year: \$2,563 |
| ************************************** | 4414 |
| *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| *************************************** | |
| *************************************** | |
| *************************************** | |
| *************************************** | |
| | |
| *************************************** | ••••••••••••••••••••••••••••••••••••••• |
| *************************************** | |
| *************************************** | |
| ************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| *************************************** | |
| | |
| | ········ |
| *************************************** | |
| *************************************** | |
| ······································ | |
| ~~ | |
| · | |
| ······································ | |
| | |
| | |
| | |
| | |