

# **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)

2018

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2018 calend	ar year, or tax year beginning	January 1	, 2018,	and ending	Dece	mber 31	, 20
B Check if applicable		opticable	C Name of organization ?1				D Emplo	yer identific	ation number ?
	Address c	-	NH Peace action Education Fund					02-04	1048∤
Name change			Number and street (or P.O box, if mail is r	ot delivered to street addres	s) ?:	Room/suite	-		
H	Initial retui	rn/terminated	4 Park St			304		603-228	3-0559
Ħ	Amended		City or town, state or province, country, ar	id ZIP or foreign postal code		02	F Grou	p Exemptio	n
Ħ		n pending	Concord, NH 03301			03	Num	ber 🕨 🔐	
G	Account	ting Method	☐ Cash ☑ Accrual Other (spe	ecify) ►	· · · · · · · · · · · · · · · · · · ·	н	Check ▶	lf the	organization is <b>not</b>
1 1	Website	e: <b>&gt;</b>						to attach S	_
J 1	Tax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c)	( ) ◀ (insert no.) ☐ 4	1947(a)(1) o	r □527	(Form 99	0, 990-EZ,	or 990-PF)
		organization				non-profit			
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipt	s. If gross receipts are \$2	200,000 or r	nore, or if tota	assets		
(Pa	ırt II, coli	umn (B)) are 🤄	500,000 or more, file Form 990 instea	d of Form 990-EZ			1	<b>\$</b>	
E	art I	Revenu	e, Expenses, and Changes in	Net Assets or Fun	d Balanc	es (see the	ınstruc	tions for	Part I) 🔐
		Check if	the organization used Schedule	O to respond to any	question	in this Part I			🗹
?	1	Contributio	ons, gifts, grants, and similar amou	ints received				1	181668
?	2	Program s	ervice revenue including governme	ent fees and contracts			[	2	5765
?	3	Membersh	ip dues and assessments				[	3	100
?		Investment	t income				[	4	1578
	5a	Gross amo	ount from sale of assets other than	inventory	. 5a		Ī		
	b	Less cost	or other basis and sales expenses		. 5b			=	
	C	Gain or (los	ss) from sale of assets other than i	nventory (Subtract line	5b from I	ine 5a)		5c	
	6	Gaming an	id fundraising events:				l l		
	a	Gross inc	ome from gaming (attach Sche	dule G if greater th	nan		1		
ĭ		\$15,000) .			· 6a				
Revenue	b	Gross inco	me from fundraising events (not in	cluding \$		f contribution	ns	3	
æ	]	from fundr	aising events reported on line 1)	attach Schedule G if	the				
		sum of suc	ch gross income and contributions	exceeds \$15,000) .	· 6b		]		
	С	Less: direc	t expenses from gaming and fund	raising events	. 6с				
	d	Net incom	e or (loss) from gaming and fund	raising events (add Iır	nes 6a and	d 6b and sul	btract		
		line 6c) .					[	6d	5484
	7a	Gross sale	s of inventory, less returns and alk	owances	- 7a				
	b	Less: cost	of goods sold	<b> </b>	<u> </u>	MED			
	С	Gross prof	it or (loss) from sales of inventory (	Subtract line 75 from	line 7a) .	· · · · · · · · · · · · · · · · · · ·	,	7c	1360
	8	Other reve	nue (describe in Schedule O)		r o. vara	2010 : 10	₹  . L	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8	MAY 2 1	. 2019	( ▶	9	190955
	10		l similar amounts paid (list in Sche	dule O)	<del></del>	<u> j</u> č	€} . L	10	
	11		aid to or for members	$\cdots \overline{} \cdot \cdot \cdot \underline{} \cdot 0$	GDFN	1.117.	} · L	11	
es	12	(L)	ther compensation, and employee	_		<u> </u>	ا . الم	12	124915
SUK	13		al fees and other payments to inde				[	13	770
Expense	14	، منت	y, rent, utilities, and maintenance				[	14	9336
Ú	1		ublications, postage, and shippi <u>ng</u>				[	15	2942
	16		enses (describe ın Schedule O) 🏻 🍱				[	16	6039
_	17	Total expe	enses. Add lines 10 through 16 .			<u> </u>	. ▶	17	144002
ţ	18		(deficit) for the year (Subtract line					18	46953
Se	19		or fund balances at beginning o						
Net Assets		h-1	r figure reported on prior year's re	•			L	19	77642
é	20		nges in net assets or fund balances				L	20	
	21		or fund balances at end of year. C		gh 20 .	<u> </u>	. ▶	21	124595
Foi		work Reduct	ion Act Notice, see the separate inst	ructions.	Cat.	No. 10642I		Forr	m <b>990-EZ</b> (2018)

	L GI	Till Balance Sheets (see the instructions					
_		Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
					(A) Beginning of year		(B) End of year
	22	Cash, savings, and investments			85232	_	126337
	23	Land and buildings		_		23	
	24	Other assets (describe in Schedule O)		F	05000	24	40/007
	25	Total line littles (describe at Cabadala C)		<u> </u>	85232	-	126337
	26	Total liabilities (describe in Schedule O)		-	7590 77642		1742
	27 Pan	Net assets or fund balances (line 27 of column  Statement of Program Service Accom				21	124595
	ı aı	Check if the organization used Schedule	• •		· · · · · · · · · · · · · · · · · · ·		Expenses
ī	Nhat	t is the organization's primary exempt purpose?	o to respond to di	ny question in this	1 art III		quired for section
		cribe the organization's program service accompli	chmonto for soch o	f ito throo lorgest n	rogram convoca		(c)(3) and 501(c)(4) anizations, optional for
2	as m	neasured by expenses. In a clear and concise m	nanner, describe the	e services provided	the number of		ers.)
F	perso	ons benefited, and other relevant information for ea	ach program title.	o contract promote	,		
?:	28						
	71	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	288	144002
	29						
		(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	<u> ▶ ⊔</u>	298	1
	30						
		(Grants \$ ) If this amount	includes foreign gra	nte chack hara	······	30a	
	31	Other program services (describe in Schedule O)		· · · · · · ·		300	1
	٠.	, -	includes foreign gra			31a	,
	32	Total program service expenses (add lines 28a				32	<del></del>
		List of Officers, Directors, Trustees, and Ke					
_		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
			(b) Average	(c) Reportable ?:	(d) Health benefits, contributions to employe	20/10	\ Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	- [ ]	other compensation
_			acvoice to position	(if not paid, enter -0-)	deferred compensation		
	Curti	s Smith, Chair			Ļ——·	1	
-			. 3			T	
	Krisa		3	(		0	0
-		n Evenson, Co-Chair	3			0	
٠,	Atıllı	n Evenson, Co-Chair	-			T	0
	Willia		-	(		0	0
-		n Evenson, Co-Chair am Maddocks, Treasurer	- 3	(		0	
-		n Evenson, Co-Chair	- 3	(		0	0
-	Jone	an Evenson, Co-Chair am Maddocks, Treasurer LaBombard, Secretary	3	(		0	0
-	Jone	n Evenson, Co-Chair am Maddocks, Treasurer	3	(		0	0
	Jone Amy	an Evenson, Co-Chair am Maddocks, Treasurer LaBombard, Secretary	3 3 3 4	(		0	0 0
	Jone Amy	an Evenson, Co-Chair  am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member	3 3	(		0	0 0
	Jone Amy John	an Evenson, Co-Chair  am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member	3 3 3 4			0 0 0 0 0	0 0
	Jone Amy John	an Evenson, Co-Chair am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member	3 3 3 4			0 0 0 0 0	0 0
	Jone Amy John Sand	an Evenson, Co-Chair am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member	3 3 3 4 1			0 0 0 0 0	0 0 0 0
	Jone Amy John Sand Marc	am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member  Ira Yarne, Member  us Hansen, Member	3 3 3 4			0 0 0 0 0	0 0 0 0
	Jone Amy John Sand Marc	am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member	3 3 3 4 1			0 0 0 0 0 0	0 0 0 0
	Jone Amy John Sand Marci	an Evenson, Co-Chair  am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member  Ira Yarne, Member  us Hansen, Member  t Zeller, Member	3 3 3 4 1			0 0 0 0 0 0	0 0 0 0
	Jone Amy John Sand Marci	am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member  Ira Yarne, Member  us Hansen, Member	3 3 3 4 1			0 0 0 0 0 0 0 0	0 0 0 0 0
	John Sand Marc	am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member  Ira Yarne, Member  us Hansen, Member  t Zeller, Member  ael Ferber, Member	3 3 3 4 1 1			0 0 0 0 0 0 0 0	0 0 0 0 0
	John Sand Marc	an Evenson, Co-Chair  am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member  Ira Yarne, Member  us Hansen, Member  t Zeller, Member	3 3 3 4 1 1			0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0
	Jone Amy John Sand Marc	am Maddocks, Treasurer  LaBombard, Secretary  Antonucci, Member  Lamperti, Member  Ira Yarne, Member  us Hansen, Member  t Zeller, Member  ael Ferber, Member	3 3 4 1 1 1 1 1			0 0 0 0 0 0 0 0	0 0 0 0 0

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	Part	· · · · · · · · · · · · · · · · · · ·			_	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	_		
	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	Yes	No.	
?;	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	?1
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		•	•
	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		~	
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	•
	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		>	?1
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			]	
	b	Did the organization file Form 1120-POL for this year?	37b	<b> </b>	~	i
	38a	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? .				71
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	30a			ن <b>س</b> ت آ
	39	Section 501(c)(7) organizations. Enter:	1			l
	а	Initiation fees and capital contributions included on line 9				ł
	b	Gross receipts, included on line 9, for public use of club facilities				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
	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			?:
	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	_	~	]
	41	List the states with which a copy of this return is filed ▶				
	42a		503-22		<del>)</del> 	
	h	Located at ► 4 Park St , Suite 304, Concord, NH ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	033	Yes	Ma	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO	,
		If "Yes," enter the name of the foreign country ▶	72.0			i
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		}		
	С	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		V	•
	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		, I	<b>▶</b> □	-
	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	Yes	No	į
	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		<b>V</b>	į
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ 	j
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\vdash \vdash$		
	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	45b		1	_

Page	4
ı ayc	

							Yes	NO
<b>46</b> 、	Did the organization engage, directly or in to candidates for public office? If "Yes," of							
Dort V			, Part 1	<u> </u>	• • • •	46	<u></u>	<u> </u>
Part \	All section 501(c)(3) organization 50 and 51.		estions 47–49b and	152, and o	complete th	e tables f	or line	es
	Check if the organization used Sc	hedule O to respond	d to any question in	this Part V	1			
		•					Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electi		t during the	tax . 47	1	
48	Is the organization a school as described in	n section 170(b)(1)(A)(	ıı)? If "Yes," complete	Schedule I	E	. 48		V
49a	Did the organization make any transfers t	· ·	-				+	<b>V</b>
	If "Yes," was the related organization a se							
50	Complete this table for the organization's employees) who each received more than							
	employees) who each received more than		T		Ith benefits,	e, enter i	10110.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	ns to employee ns, and deferred pensation	(e) Estimate other con		
f	Total number of other employees paid ov	er \$100.000	▶					
51	Complete this table for the organization		-	t contracto	rs who eacl	n received	more	than
	\$100,000 of compensation from the orga							
	(a) Name and business address of each independ	dent contractor	(b) Type of se	rvice	(c	) Compensat	ion	
	<del></del>				-			
	<del>-</del>		-					
	· · · · · · · · · · · · · · · · · · ·				<del> </del>	<del></del>		
			-					
			1					
			]					
			]					
				_				
	Total number of other independent contra			.▶				
52	Did the organization complete Scheducompleted Schedule A				must attac	na .▶Ⅳ Yes		NI.
true, cor	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other tha	return, including accompar n officer) is based on all info	nying schedules and stater ormation of which prepare	nents, and to t has any knov	ine best of my k vledge	nowledge an	o beller,	It IS
	11/1/2			-				
Sign	Signature of officer		· · · · · · · · · · · · · · · · · · ·		Date /	,		
Here	William Maddon	chs Treas	worer-		5/14/	19		
	Type or print name and title	<del> </del>						
Paid	Print/Type preparer's name	Preparer's signature		ate	Check _	If PTIN		
Prepa	arer			<del></del>	self-emplo	yed		
Use (	1 <b>-</b> .			F	irm's ElN ▶	n. **		
	Firm's address ▶		<del></del>	F	Phone no			<del></del>
N/1011 +h	o IDS discuss this raturn with the propers	r chown above? Cas	inctructions				. Di	NIA

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **NH Peace Action Education Fund** 02-0410481 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).) 3 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: 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.) 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.) 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). 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 b 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, C 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 (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 72741 78481 74670 142983 181668 550543 levied 2 revenues for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 4 Total. Add lines 1 through 3. . . . 72741 78481 74670 142983 181668 550543 5 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 150000 Public support. Subtract line 5 from line 4 400543 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 . . . . . . 72741 142983 181668 78481 74670 550543 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources . . . . . . . . 470 1592 2463 1578 5726 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 6283 5206 6433 4294 5484 27700 **Total support.** Add lines 7 through 10 583969 11 12 13855 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . . . . . Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . ▶ □ 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 supported 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 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	Support Schedule for Organiza (Complete only if you checked the					d to qualify u	nder Part IJ
•	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")					/	1
2	Gross receipts from admissions, merchandise						<u> </u>
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose					/	<u> </u>
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		·	·	7		
·	furnished by a governmental unit to the						
	organization without charge			/	1		
_	_		ļ	/			<del>                                      </del>
6	Total. Add lines 1 through 5			//_	ļ		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		/	ĺ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/				
0							
0 4	line 6.)		<u>                                     </u>		<u> </u>		
	on B. Total Support	/					1
	dar year (or fiscal year beginning in)	(a) 2014 <sup>#</sup>	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less)	y					
	section 511 taxes) from businesses						ì
	acquired after June 30, 1975 /.						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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.) /						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a secti	on 501(c)(3)
• •	organization, check this box and stop he						
Socti	on C. Computation of Public Suppor						• • • •
		·		10 - 1 (0)		145	
15	Public support percentage for 2018 (line 8						<u>%</u>
16	Public/support percentage from 2017 Sci			<u></u> .	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 (						%
18	Investment income percentage from 2017	7 Schedule A,	Part III, line 17			18	<u>%</u>
19a	331/3% support tests-2018. If the organ	ization did not	check the box	c on line 14, a	nd line 15 is m	ore than 331/3	%, and line
,	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz		_				
-	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di						

#### 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	ait v	•/	
Occu	on A. All dupporting digunizations	-	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			
3a	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
	(b) and (c) below.	3a	ļ	
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		
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 <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)	-		
L	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
D	designated in the organization's organizing document?	5b	<del> </del>	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	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.	6_		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)			ļ
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)	7 		
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	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.)

10b

Part	IV Supporting Organizations (continued)			
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	on B. Type I Supporting Organizations			
			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.			
	organizations and what conditions of 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		
<u>Secti</u>	on C. Type II Supporting Organizations			
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		
	the supported organization(s).	1	L	L
Secti	on D. All Type III Supporting Organizations			
4	Dath, and the state of the stat		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		
•		<u> </u>		<del>                                     </del>
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).		—	
2		<del>  _</del>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3	—	
Section	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
a .	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			-,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
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 <b>Part VI identify</b>			
	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	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 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		l	l
	trustees of each of the supported organizations? Provide details in Part VI.	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru nzat	st on Nov. 20, 1970 (explores must complete Sect	ain in Part VI). <b>See</b> ions A through E.
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	·	
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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		
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		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III supporti	ng organization (see

	le A (Form 990 or 990-EZ) 2018	O Cupporting Organi	Tations (continued)	Page <b>7</b>
	V Type III Non-Functionally Integrated 509(a)(3 on D-Distributions	oj Supporting Organi	zations (continued)	C V
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	<del> , </del>		
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
<del>- 6</del> 7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which	h the organization is res	nonewe	
8	(provide details in <b>Part VI</b> ). See instructions.	in the organization is res	porisive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			_
<u>b</u>	From 2015			
c	F 0040			
	From 2017			<del> </del>
f	Total of lines 3a through e	-		
	Applied to underdistributions of prior years			
<del></del> h				
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			i
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
-8	Breakdown of line 7:			
a	Excess from 2014			
<u>b</u>			<u></u>	
d	Excess from 2017			
e	Excess from 2018			
		-	· · · · · · · · · · · · · · · · · ·	

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 A	A, Part II, Line 10 - Other Income
Includes pr	oceeds from sale of inventory & fundraising events All directly related to exempt purposes
****	

#### 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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

ete if the organization is described below. 

Attach to Form 990 or Form 99

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)) Complete Part II-B. Do r	not complete Part II-A
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox) hen	/ Tax) (see separat	e instructions) or Form 990	P-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ider	ntification number
NH Pe	eace Action Education Fund				020410481
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1	Provide a description of definition of political car	f the organization's direct and in	direct political ca	ampaign activities in Part	IV. (see instructions for
2	•	y expenditures (see instructions)			S
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza			5
2	-	excise tax incurred by organization			······································
3		ed a section 4955 tax, did it file Fo			Yes No
4a	_		•		Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
•		filing organization's funds contrib			
2		ivities			
•		expenditures. Add lines 1 and 2			 <del></del>
3		· · · · · · · · · · · · · · · ·			i
4		n file <b>Form 1120-POL</b> for this year			Yes No
-					
5	organization made paymethe amount of political co	ses and employer identification nul ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4,1,1,1,1)	(4)	<b>1.7</b>	filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

f Grassroots lobbying expenditures

Part II-A		II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
			If the filing organization belo address, EIN, expenses, and	ıtures).	liated group memb	er's name,						
В	Cr	neck 🕨	If the filing organization chec			ovisions apply.						
				bying Expendit			(a) Filing	(b) Affiliated				
			(The term "expenditures" n				organization's totals	group totals				
1	1a	Total lo	bbying expenditures to influenc	e public opinion	ublic opinion (grass roots lobbying)		4996					
	b	Total lo	bbying expenditures to influenc	e a legislative be	legislative body (direct lobbying)							
	c Total lobbying expenditures (add lines 1a			la and 1b) .	and 1b)							
<b>d</b> Other		Other e	exempt purpose expenditures .	136508								
	e	Total e	xempt purpose expenditures (ad	d lines 1c and 1	ld)		144002					
				the amount f	e amount from the following table in both							
	ſ	If the an	nount on line 1e, column (a) or (b) i	: The lobbying	The lobbying nontaxable amount is:							
		Not over	r \$500,000	20% of the ar	mount on line 1e							
	Ī	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	\$100,000 plus 15% of the excess over \$500,000							
	ſ	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	\$175,000 plus 10% of the excess over \$1,000,000.							
	Ī	Over \$1	,500,000 but not over \$17,000,000		s 5% of the excess o							
	Ī	Over \$1	7,000,000	\$1,000,000.								
	g		oots nontaxable amount (enter 2	5% of line 1f)	6 of line 1f)							
	h	Subtra	ct line 1g from line 1a. If zero or	less, enter -0-	•							
	i	Subtract line 1f from line 1c. If zero or less, enter -0					0					
	j	If there	e is an amount other than zero	on either line	1h or line 1i, dic	I the organization	file Form 4720					
	•		ng section 4911 tax for this year			~	Г	☐ Yes ☐ No				
		(Som	e organizations that made a se See th	ection 501(h) el e separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.				
			Lobbyin	g Expenditures	During 4-Year A	veraging Period	····					
		Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total				
	2a	Lobbyi	ng nontaxable amount				28800	28800				
	b	•	ng celling amount of line 2a, column (e))					43200				
	С	Total lo	obbying expenditures				7494	7494				
	d	Grassr	oots nontaxable amount				7200	7200				
	е		oots ceiling amount of line 2d, column (e))					10800				

Schedule C (Form 990 or 990-EZ) 2018

4996

4996

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	For	m 57	68	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detail		(a)	) (b)		
	iption of the lobbying activity.	No	,	Amoun	t
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:				
а	Volunteers?		_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		٦		
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			-	
i	Other activities?	<u> </u>			
j	Total. Add lines 1c through 1				
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		-		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	<b> </b>	_		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u>.</u>	٠.		ļ
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or s	ectio		<b></b>
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		- 1	2	
_ 3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior			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 (b answered "Yes."				3, is
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	1		
b	Carryover from last year	2t			
С	Total	20	:		
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 list instructions); and Part II-B, line 1. Also, complete this part for any additional information.	st); P	art II-	۱, lines ا	1 and
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#### SCHEDULE O (Form 990 er 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

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

NH Peace Action Education Fund	02-0410481					
Form 990-EZ, Part I, Line 16, Other Expenses						
Travel, Meetings & Conferences 2059						
Advertising 521						
Staff & Board Development 473						
Equipment Lease: 1502						
Credit Card Fees 465						
Insurance 223						
Program Exoenses 796						
Form 990-EZ, Part II, Line 26 Total Liabilities						
Due to non-related entity as fiscal agent: 1742						
Form 990-EZ, Part III, Primary Exempt Purpose						
Education to b uild a culture of peace and seek effective alternatives to military actions						
·						
Form 990-EZ, Part III, Line 28, Statement of Purpose						
NH Peace action Education Fund's top program accomplishments in 2018 were public education, one in	najor conference, sponsorship or					
co-sponsorship of over 30 public events. Speakers, films and forums were the primary medium. Public education was also done through						
our list-serv and newsletter as well as articles by board members and staff						
Form 990-EZ, Part IV, Key Employees						