(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

inte	nai neve	nue Service	Go to www.irs.gov/Formsso for instructions and the late	50 1111011111			inspection
<u>A</u>	For the	2019 calen	dar year, or tax year beginning January 1 , 2019, and end	ling	Decembe	er 31	, 20 19
В	Check if	applicable.	C Name of organization NH Peace Action Education Fund		1	D Emplo	oyer identification number
	Address	change	Doing business as				02-0410481
	Name ci	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te (E Telept	none number
	Initial ret	turn	4 Park Street	30	4		603-228-0559
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return	Concord, NH 03301			G Gross	receipts \$
	Applicat	ion pending	F Name and address of principal officer William Hopkins, Director	H(a) Is this a grou	p return fo	or subordinates? 🔲 Yes 🗹 No
			4 Park Street, Suite 304, Concord, NH 03301	H(b)) Are all sub	ordinate	es included? 🗌 Yes 🔲 No
	Tax-exe	mpt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 52½	Y	If "No," att	ach a lis	st. (see instructions)
J	Website	: ► www.nh	peaceaction.org	H(c) Group exe	mption	number ▶
K	Form of	organization.	Corporation ☐ Trust ☐ Association ☑ Other ►	mation:	1982	M State	of legal domicile: NH
Р	art l	Summa	ry				
	1	Briefly des	cribe the organization's mission or most significant activities: NH P	eace Acti	on Educa	tion F	und is dedicated to
8		making a la	sting contribution to world peace by 1) encouraging the public to exam	nine diplo	omacy, di	sarmai	ment, and federal spend
첉	į.	priorities, a	nd 2) ending climate change to ensure mutual security and prosperity	for all.			
逶	2	Check this	box ▶ ☐ if the organization discontinued its operations or dispose	d of mo	re than 2	5% of	its net assets.
`@`	3	Number of	voting members of the governing body (Part VI, line 1a)			3	13
847	4	Number of	independent voting members of the governing body (Part VI, line at	以下口	· · ·]	4	13
89.	5	Total numb	per of individuals employed in calendar year 2019 (Part V, Ind-2a)		<u></u>	5	8
	6	Total numb	per of volunteers (estimate if necessary)		- J SS	6	100
Ą.	7a	Total unrela	ated business revenue from Part VIII, column (C), lin邑 2 $^{\circ}$ MAY 2	7 2020	101	7a	0
Activities & Goldfalance	j b	Net unrelat	ted business taxable income from Form 990-T, line 394		1 ~~1	7b	0
7	SCANN'S		000	- \ \	Prior Year		Current Year
Revenue	₹8	Contributio	ons and grants (Part VIII, line 1h)	=17, 0		18168	305926
	ご ゅ	Program se	ervice revenue (Part VIII, line 2g)			5765	0
ě	48	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)			1578	0
Œ	11	Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	754
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19		306680
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)			0	0
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0	0
ø	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)		1:	24915	201307
Expenses	16a	Professiona	al fundraising fees (Part IX, column (A), line 11e)			0	0
<u>ē</u>	ь		aising expenses (Part IX, column (D), line 25) ▶ 28361				i
ŋ	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)			6039	47207
	18	Total exper	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14	14002	248514
	19	Revenue le	ss expenses. Subtract line 18 from line 12			16953	58166
Net Assets or Fund Balances				Beginnin	ng of Currer	rt Year	End of Year
an in the	20	Total asset	s (Part X, line 16)		{	36658	159763
A B	21		ties (Part X, line 26)			1176	10559
돌	22	Net assets	or fund balances. Subtract line 21 from line 20		{	35482	149204
	irt II	Signatu	re Block				
Un	der penal	Ities of perjury,	I declare that I have examined this return, including accompanying schedules and sta	atements, a	and to the b	est of m	ny knowledge and belief, it is
true	e, correct	t, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	arer has any	y knowledge	₽.	
		5	1) Hall				· · · · · · · · ·
Sig	jn 💮	Signatu	ire of officer		Date	6/5	. /
Here \			Illiam H Hopking, Executive Director			2/2	0/2020
		Type or	print name and title				
D-	 : al	Print/Type	preparer's name Preparer's signature	Date	1	heck [rf PTIN
Pa		_				elf-emp	
	pare	Circle see	ne ►		Firm's E	IN ►	<u> </u>
US	e Onl	Firm's add			Phone r		
May	the IP		his return with the preparer shown above? (see instructions)				· Yes No
		··		t. No. 1128	2Y		Form 990 (2019)

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

ABC PD

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	V -	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u>√</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	;	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		\
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		./
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		`
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d		24d	ļ	✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):].
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 35a		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a	<u> </u>	+
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		 Yes	. □
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		192	140
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	j		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
•	reportable gaming (gambling) winnings to prize winners?	10		

Form **990** (2019)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8					
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	ļ ————		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За						
b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a		✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
đ	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		\		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		\		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	[
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12			l		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources	i i				
10-	against amounts due or received from them.)	12a				
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	-			
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		····		
	If "Yes," see instructions and file Form 4720, Schedule N.	- <u>-</u> -				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Secti	ion A. Governing Body and Management			
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 13	Ł		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		
3	any other officer, director, trustee, or key employee?	2		✓
_	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	6		1
6	Did the organization have members or stockholders?	• ·		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	\	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	/	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure		L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (Sec	tion 5	501(c)
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
	William Honking NH Doses Action Education Fund 4 Bark Street Suite 204 Concord NH 03301			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

	T			_	<u>-</u> -		1	officer, director,	1
(B) Average hours	box,	unles er and	Position check more than one ess person is both an and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
(list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
						İ			
40	<u> </u>			L	1		43042	0	0
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40				✓		L	37200	0	0
]	1	ŀ						
3		L	✓			L	0	. 0	0
1							Ì		
3			✓	L	L		_0	0	0
3	L		✓				0	0	. 0
1			✓	l			o	0	0
	1						0	0	0
			_						
1	✓						0	0	0
1	✓						0	0	0
1	 ✓		ł				o	0	0
						П			
1	✓						o	o	0
1	1		İ		ŀ		l o	0	o
						Г			
1	1		ļ				o	0	0
						Г			
3	1					1	o	. 0	o
	Average hours per week (list any hours for related organizations below dotted line) 40 40 3 3 1 1 1 1 1	Average hours per week (list any hours for related organizations below dotted line) 40 40 41 1 1 1 4 1 4 1 4 1 4 4 1 1	Average hours per week (list any hours for related organizations below dotted line) 40 40 40 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 4	Average hours per week (list any hours for related organizations below dotted line) 40 40 3 3 4 1 4 4 1 1 4 1 4 1 4 4 4	Average hours per week (list any hours for related organizations below dotted line) 40 40 40 40 40 40 40 40 40 4	Average hours per week (list any hours for related organizations below dotted line) 40 40 40 3 3 4 1 4 4 4 4 4 4 4 4 4 4 4	Average hours per week (list any hours for related organizations below dotted line) 40 40 40 40 40 40 40 40 40 4	Average hours per week (list any hours for related organizations below dotted line) 40 40 40 40 40 40 40 40 40 4	(B) Average hours per week (list any hours for related organizations below dotted line) 40 40 40 40 40 40 40 40 40 4

Part VII Section A. Officers, Directors, Trustees,					Key Employees, an				d Highest Compensated Employees (continue				
	(A) Name and trtle	(B) Average hours per week	box,	Position (do not check more than or box, unless person is both a officer and a director/truste				an tee)	(D) Reportable compensation from the	Reports	table isation elated	(F) Estimated amount of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)				-									
(22)											·		
(23)													
(24)													
(25)													
1b c d	Subtotal	VII, Sectio						* * *	80042 80042				
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) w	ho received mor	e than \$10	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3	Schedule J	for su	ıch	indi	ivid	ual		· · · · · · ·			3 1	
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of reg greater than	portal an \$1	ble (150,	000	npei 17 <i>I</i> 17	nsatio f "Ye ·	n a s,"	nd other compe complete Sched	nsation fro dule J fo	om the r such	4 ~	
5	Did any person listed on line 1a receive of for services rendered to the organization?	or accrue co ? If "Yes," c	ompe compl	nsat ete	tion <i>Sch</i>	froi iedu	m any ule J 1	un for s	related organiza such person	tion or ind	lividual · ·	5 ~	
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep	nest compen ort compen	ensate sation	ed n for	inde r the	eper	ndent lenda	co r ye	entractors that rear ending with or	eceived within the	more organ	than \$100,000 of nization's tax year.	
	(A) Name and business add	ress							(B) Description of sen	nces		(C) Compensation	
							-						
								_					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who			

Par	VIII	Check if Schedule O contains a response	nse or note to ar	w line in this Pa	ort \/III		m
		Official is deficiently a respec	nise of flote to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
হ্য ম	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1k	0			1	
QE	С	Fundraising events 10	12082			ĺ	
₹ ¥	d	Related organizations 10	13700				
2 <u>E</u>	е	Government grants (contributions) 1e	. 0				
Sis	f	All other contributions, gifts, grants,					
ž je		and similar amounts not included above 11	280144				{
語音	g	Noncash contributions included in	1.				
E S		lines 1a–1f					
<u> </u>	h	Total. Add lines 1a-1f		305926			
6			Business Code				
Program Service Revenue	2a				<u> </u>		
gram Ser Revenue	b						
E S	٦		<u> </u>				
Re	d						
Š	f	All other program service revenue					
о,	g	Total. Add lines 2a–2f			<u> </u>		
	3	Investment income (including dividend					
	•	other similar amounts)					
	4	Income from investment of tax-exempt to					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					•
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis	1				
Revenue		and sales expenses . 7b	<u> </u>				
æ	_	Gain or (loss) 7c					
_	d	Net gain or (loss)	· · · · •				
Othei	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18 8a	,				
	h	Less: direct expenses 8b					
	b b	Net income or (loss) from fundraising ev					
	9a	Gross income from gaming	ents				
	34	activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activit					· · · · · · · · · · · · · · · · · ·
		Gross sales of inventory, less	1			···	1
	.00	returns and allowances 10a					
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of invent		754	754		
<u></u>			Business Code				1
ام <u>چ</u>	11a						
# Z	b						
Miscellaneous Revenue	С						
اي ه	d	All other revenue				-	
≥	е	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions	•	306680	754		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response	e or note to any line	in this Part IX .				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21 .	0	0	<u> </u>			
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	0	0				
3	Grants and other assistance to foreign		1				
	organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	0	0				
4	Benefits paid to or for members	0	0				
5	Compensation of current officers, directors,						
	trustees, and key employees	80242	26747	26748	26747		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	ا		•	0		
7		101506	81205	20301	0		
7 8	Other salaries and wages	101306	81205	20301	0		
3	section 401(k) and 403(b) employer contributions)	3750	o	3750	0		
9	Other employee benefits	2081	0	2081	0		
10	Payroll taxes	13728	0	13728	0		
11	Fees for services (nonemployees):	•		,,,,			
а	Management	o	o	0	0		
b	Legal	0	0	0	0		
C	Accounting	0	0	0	0		
ď	Lobbying	0	0	0	0		
е	Professional fundraising services. See Part IV, line 17	0			0		
f	Investment management fees	0	o	0	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0		
12	Advertising and promotion	97		97	·····		
13	Office expenses	2424	0	2424	0		
14	Information technology	2104	0	2104	00		
15	Royalties	0	0	0	0		
16 17	Occupancy	8140	0 7623	8140	0		
18	Payments of travel or entertainment expenses	7623	/623				
10	for any federal, state, or local public officials	ا	n	n	n		
19	Conferences, conventions, and meetings .	0	0	0	0		
20	Interest	0	0	0	0		
21	Payments to affiliates	0	0	0	0		
22	Depreciation, depletion, and amortization .	0	0	0	0		
23	Insurance	1028	0	1028	. 0		
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	Program Expenses	22066	22066	0	0		
b	Fundraising Expenses	1614	0	0	1614		
C	Board and Staff Development	1072	0	1072	0		
d	Payroll costs	964	0	964	0		
e 25	All other expenses State fee Total functional expenses. Add lines 1 through 24e	75	127641	75 82512	28361		
<u>25</u> 26	Joint costs. Complete this line only if the	248514	137641	82512	28361		
	organization reported in column (B) joint costs						
	from a combined educational campaign and						
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)						

FOILIT 990 (201	13)		
	5 1 01 1	 	
Part X	Balance Sheet		

		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	58530	1	114065
	2	Savings and temporary cash investments	4537	2	8552
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	(148)	4	(148)
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
ន	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
AS	9	Prepaid expenses and deferred charges	0	9	8000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
		Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	23739	-	29294
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	86658		159763
	17	Accounts payable and accrued expenses	(814)		7186
	18	Grants payable	0		0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
စ္က	22	Loans and other payables to any current or former officer, director,			
Liabilities	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1990	25	3373
	26	Total liabilities. Add lines 17 through 25	1176	26	10559
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	0	27	0
Ва	28	Net assets with donor restrictions	0	28	0
ᅙ	-~	Organizations that do not follow FASB ASC 958, check here ▶ □			
교		and complete lines 29 through 33.			
6	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
38	31	Retained earnings, endowment, accumulated income, or other funds	85481	31	149204
Ť.	32	Total net assets or fund balances	85481	32	149204
Se l	33	Total liabilities and net assets/fund balances	86658		159763
		the state of the s			Form 990 (2019)

-	-	4
Page	1	4

JIII 93	0 (2013)	rage 122
Part	XI Reconciliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part XI	· <u>· </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	306680
2	Total expenses (must equal Part IX, column (A), line 25)	248514
3	Revenue less expenses Subtract line 2 from line 1	58166
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	85482
5	Net unrealized gains (losses) on investments	5556
6	Donated services and use of facilities	0
7	Investment expenses	0
8	Prior period adjustments	0
9	Other changes in net assets or fund balances (explain on Schedule 0) 9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	
	32, column (B)) . 10	149204
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	
		Yes No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in in
	Schedule O	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	. 2a 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or
	reviewed on a separate basis, consolidated basis, or both	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a
	separate basis, consolidated basis, or both	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigilation	nt of
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c
	If the organization changed either its oversight process or selection process during the tax year, explain	n on
	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the
	Single Audit Act and OMB Circular A-133?	3a
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	
		Form 990 (2019)

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 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). 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 An organization that normally receives (1) more than 331/2% 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. 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, 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 II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 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)

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2019 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 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 78481 74670 142983 181668 305929 783731 2 Tax revenues levied for the 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 Total. Add lines 1 through 3. . . . 181668 305929 783731 78481 74670 142983 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) Public support. Subtract line 5 from line 4 783731 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 142983 181668 305929 783731 7 78481 74670 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2463 1578 5636 1592 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets 5206 6433 5484 21417 Total support. Add lines 7 through 10 810784 11 12 75<u>4</u> 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 97 % 69 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/2% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 10%-facts-and-circumstances test-2019. 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 b 10%-facts-and-circumstances test-2018. 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.

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

18

Schedu	le A (Form 990 or 990-EZ) 2019						Page 3
Part	Support Schedule for Organization	tions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support				T	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
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						
6 7a	Total. Add lines 1 through 5 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
Secti	on B. Total Support		1	J		<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016 \	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		**	<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 organization, check this box and stop he	_				ear as a sectio	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line		-	• • • •	1	15	%
16	Public support percentage from 2018 Scl			· · · · · ·	· · \· · ·	16	<u>%</u>
	on D. Computation of Investment In			nulina 10. acti	(f)	17	%
17 18	Investment income percentage for 2019 (Investment income percentage from 2018)			-		18	%
. •	arrostment meeme percentage nom zu t	- Joneaus M, F				1	

331/3% support tests-2019. If the organization did not check the box on line 14, and line 15\is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line, 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

All Supporting Organizations

Secu	on A. All Supporting Organizations		T	
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	Yes	No
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).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
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		
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 Part VI 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 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.	46		
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 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 designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		
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).	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 Part VI .	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 Part VI.	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 Part VI .	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)	10h		

Part	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)			<u> </u>
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		<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
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	ł		}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ		
	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> </u>				Щ.
Secu	on C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.63	110
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ł		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
ocou	on birai i po in capporang ci gamatana	-	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			l.]
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 Part VI the role the organization's	 		ļ
	supported organizations played in this regard.	3	L	
Section	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	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	' i-	_++	(ana)
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see III	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
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	1		
	the supported organization(s) to which the organization was responsive? If the rest in Part Vi Identity 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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_ <u>-</u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	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		
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)
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 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	1		
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		İ
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1
6 Multiply line 5 by .035.	6	W	····
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ng organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	***************************************		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(ili) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		<u> </u>
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:		<u> </u>	
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Page	8
1 940	•

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

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

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

OMB No. 1545-0047 2019

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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.
- 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.

- 3	action our (c)(o) organizations	THAT HAVE NOT HIEU FORM 3700 (BIBCH	on under section so i	(ii)). Complete Fait it-b. 50	not complete i art ii-A
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox hen	y Tax) (see separat	e instructions) or Form 990	EZ, Part V, line 35c (Prox)
• S	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
NH Pe	ace Action Education Fund	l			02-0410481
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	definition of "political car	f the organization's direct and in mpaign activities")	•		
2	Political campaign activity	ty expenditures (see instructions)			\$
3	Volunteer hours for politi	cal campaign activities (see instru	ctions)		
Part	I-B Complete if th	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955 ▶ 🧐	
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 🕨	
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	🗌 Yes 🔲 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		tly expended by the filing organia		527 exempt function	
2	527 exempt function act	filing organization's funds contritivities		panizations for section ► \$	
3	Total exempt function of line 17b	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL, ▶ \$	i
4		n file Form 1120-POL for this year			Yes No
5	organization made paym	ses and employer identification nu 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 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)					

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ction under
A			address, EIN, expenses, and s	s to an affiliated group (and list in Part IV each affiliare of excess lobbying expenditures).	liated group memb	er's name,
В	Ch	eck 🕨	if the filing organization checked	ed box A and "limited control" provisions apply.		
			_	ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	1a	Total le	obbying expenditures to influence p	oublic opinion (grassroots lobbying)	5000	
	b	Total le	obbying expenditures to influence a	a legislative body (direct lobbying)	2500	
	C	Total le	obbying expenditures (add lines 1a	and 1b)	7500	
	d	Other	exempt purpose expenditures	. 	241014	
		exempt purpose expenditures (add	lines 1c and 1d)	248514		
	f	Lobby	ing nontaxable amount. Enter ti	he amount from the following table in both		
	_	colum	ns.		49703	
		If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$500,000	20% of the amount on line 1e.		
	L	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	L	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	L	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
_	<u> </u>	Over \$1	7,000,000	\$1,000,000.		
	g		oots nontaxable amount (enter 259	•	12426	
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0	
	i		ct line 1f from line 1c. If zero or les		[0]	
	j		e is an amount other than zero on ng section 4911 tax for this year?	on either line 1h or line 1i, did the organization	f	Yes No
			4-Vos	er Averaging Period Under Section 501(b)		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a	Lobbying nontaxable amount			28800	49703	7850				
b	Lobbying ceiling amount (150% of line 2a, column (e))					4322				
С	Total lobbying expenditures			7494	7500	14994				
d	Grassroots nontaxable amount		_	7200	12426	19626				
е	Grassroots ceiling amount (150% of line 2d, column (e))					10800				
f	Grassroots lobbying expenditures			4996	5000	9996				

Schedule C (Form 990 or 990-EZ) 2019

	(election under section 501(h)).	10	.,		(h)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed to otion of the lobbying activity.	(es /es	No	A	(b) mount	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?					
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	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?	_				
j	Total. Add lines 1c through 1i					
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 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			otion		!
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6).	<i></i> , c) Se			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	 	ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	 	
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the property of the proper				<u> </u>	<u> </u>
rart	II-B 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 answered "Yes."	(b) (Part	III-A,	line 3	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).	of				
а	Current year	.	2a			
b	Carryover from last year	.	2b			
C	Total		2¢			
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	- 1				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		_			
5	and political expenditure next year?		5			
Part		<u>. </u>				
	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): Pai	t II-A.	ines 1	and
	nstructions); and Part II-B, line 1. Also, complete this part for any additional information.		,,			
•						
						•••••

Schedule C (Form	rm 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
•••		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NH Pe	ace Action Education Fund		02-0410481
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	? Yes No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		· · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	☐ Preservation of land for public use (for example, recre	ation or education)	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	8	. 2b
C	Number of conservation easements on a certified hi	istoric structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not or	n a 📗
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserve	=======================================	******
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue a	ind expense statement and
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easemen		
Part			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	s these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · ▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FA	_	
a	Revenue included on Form 990, Part VIII, line 1 .		· · · > \$
h	Assets included in Form 990, Part X		▶ \$

Page	2

Par		Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or O	ther Similar As	sets (co	ontinu	ed)
3		the organization's acquisition, tion items (check all that apply):		her reco	rds, chec	k any of the	e follov	ving that make s	significan	t use o	of its
а	☐ Pu	blic exhibition		ď	☐ Loan	or exchange	e prog	ram			
b	☐ Sc	holarly research		е	☐ Other	•					
C	☐ Pre	eservation for future generations	;								
4	Provid	le a description of the organiza	tion's collections a	and expl	ain how t	hey further	the org	ganization's exer	npt purp	ose in	Part
5	During	the year, did the organization	solicit or receive	donation	ns of art,	historical tre	easure	s, or other simil	ar		
	assets	to be sold to raise funds rather	than to be mainta	ined as	part of the	e organizatio	on's co	ollection?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s 🗌	No
Part	IV	Escrow and Custodial Arra									
		Complete if the organization 990, Part X, line 21.									n
1a	includ	organization an agent, trustee ed on Form 990, Part X?							ot 🗌 Ye	es 🗌	No
b	It "Yes	s," explain the arrangement in P	art XIII and comple	ete the fo	bliowing to	able:		<u> </u>	mount		
									anount		
C	_	ning balance					10				
đ		ons during the year					10				
e		outions during the year					16				
f		g balance							.2 □ v .		No
2a b		e organization include an amout s," explain the arrangement in P									140
	t V	Endowment Funds.									
		Complete if the organization	answered "Yes"	on Fo	m 990. F	Part IV, line	10.				
			(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Foul	r years b	ack
1a	Beain	ning of year balance		,,,	-						
b		butions							<u> </u>		
c	Net in	vestment earnings, gains, and									
đ		s or scholarships						-			
e		expenditures for facilities and							1		
	progra	nms		_					ļ		
f		istrative expenses						· 			
g		f year balance				L					
2		le the estimated percentage of t	•		e (line 1g	ı, column (a)) held	as:			
а		designated or quasi-endowment		%							
b	Perma	inent endowment									
С		endowment ▶%									
	The p	ercentages on lines 2a, 2b, and	2c should equal 1	00%.							
3a		ere endowment funds not in the zation by:	e possession of th	e organi	zation tha	at are held a	and ad	ministered for th		Yes	No
	(i) Ur	related organizations							3a(i)	\longrightarrow	
		•							3a(ii)		
b		s" on line 3a(ii), are the related o	•	-					3b		
4	Descr	be in Part XIII the intended uses		n's end	owment for	unds.					
Part	: VI	Land, Buildings, and Equip									_
		Complete if the organization	answered "Yes"	on For	T		11a.	See Form 990,	Part X,	line 10	<u>D.</u>
		Description of property	(a) Cost or other		1 1	or other basis ther)		Accumulated epreciation	(d) Boo	k value	
1a	Land										
b	Buildir	ngs									
С	Lease	hold improvements									
d		ment									
е		<u> </u>									
Total.		es 1a through 1e. (Column (d) n	nust equal Form 99	90, Part	X, column	(B), line 10	c.) .	•	-		

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12. (b) Description of investment value (c) Closely held equity interests (d) Closely held equity interests (d) Closely held equity interests (d) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interes	Part VII	Investments - Other Securities.			
(i) Financial derivatives (2) Closely held equity interests (3) Other (4) (9) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
(2) Closely held equity interests (3) Other (4) (4) (5) (6) (7) (7) (7) (7) (8) (9)			(b) Book value	1	
(g) Cto. (h) (h) (h) (h) (h) (h) (h) (h) (h) (h)	(1) Financial	derivatives			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely h	neld equity interests			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
(G)	(A)				
(E)	(B)				
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(G) (H) (G) (H) (Folial Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Total Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
(9) (14) Total. (Column (b) must equal Form 390, Part X, col. (B) line 12.) ▶ Part VIII Investments = Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
(i) Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (ii) Description of Investment (iii) (<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
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(5) Fiscal Agent Accounts350NH reimbursements for administrative services (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			brella		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			<u> </u>		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		gent Accounts350NH reimbursements for administrative serv	rices		3480.59
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			· · · · · · · · · · · · · · · · · · ·		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mm (h) must agual Form 000. Part V and (D) II-a 05.)	· · · · · · · · · · · · · · · · · · ·		2272
2. Liability for uncertain tax positions, in Part XIII, provide the text of the footnote has been provided in Part XIII. Organization's liability for uncertain tax positions under EASR ASC 740. Check here if the text of the footnote has been provided in Part XIII.					
	organization	unicertain tax positions. III Fart Alli, provide the text of the footi s liability for uncertain tay positions under EASR ASC 740. Chas	iole to the digalitation	i o illianciai statenien footnote has heen n	rovided in Part XIII .

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Part			Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a]	
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b	_	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			er Return	ı
	Complete if the organization answered "Yes" on Form 990,		, ,	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	↓ 	
b	Prior year adjustments	2b	4	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d	J	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
c	Add lines 4a and 4b		4c	
5 Dord	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Dort IV lines 1b and 3	b. Dort V. lie	a 4: Port V line
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			18 4, Fart A, IIIIe
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Schedule D (For		Page 5
Part XIII	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.

20**19**

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.

Open to Public Inspection

Employer identification number

NH Peace Action Education Fund	02-0410481					
Part VI, Section B, line 11b: The 990 is reviewed by the Treasurer						
Part VI, Section B, line 12c: No one had any conflicts of interest to report.						
Part VI, Section B, lines 15a and b: An independent Personnel Committee reviews all employees' work per	formance and compensation.					
Part VI, Section C, line 19: Financial Statements, governing documents and conflict of Interest statements	are available upon request.					
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