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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2008

Department of the Treasury Internal Revenue Service 2008 For calendar year 2008, or tax year beginning JUL 1. and ending JUN 30 2009 Initial return Name change G Check all that apply: Final return Amended return Address change Name of foundation A Employer identification number Use the IRS label 06-6558010 BEAR HILL CONSERVANCY TRUST Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type <u>C/O DAVID ROBY, 7 BLISS LANE</u> 603-795-2080 See Specific City or town,-state, and ZIP code C If exemption application is pending, check here Instructions 03768 LYME, NH 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation E If private foundation status was terminated. I Fair market value of all assets at end of year | J | Accounting method: Accrual under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination, 2,158,020. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income income (cash basis only) 2,194,430 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <175. STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 20,000. 19,825. 7 Capital gain net income (from Part IV, line 2) 0 . Net short-term capital gain Income modifications 📮 Gross sales less 10a and allowances b Less Cost of go ф EB 18 c Gross profit of 11 Other income 2,194, 255 19,825 0. Total. Add lines 1 through 1 1 1 0. 0. 0. 0. Compensation of officers, dire Other employee salaries and wages 15 Pension plans, employee benefits Expenses 430. 0 0 430. STMT 2 16a Legal fees 1,395. STMT 3 1.395. Ο. О. **b** Accounting fees 17,975. STMT 4 17,975 0 0 c Other professional fees Operating and Administrative 17 Interest 199. 0 0. 199 STMT 5 18 Depreciation and depletion 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 16,641 0 0 16,641. STMT 6 23 Other expenses 24 Total operating and administrative 0 0 36,640. 36,640 expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. 36,640 0 0 36,640. Add lines 24 and 25 Subtract line 26 from line 12: 2,157,615 2 Excess of revenue over expenses and disbursements 19,825 b Net investment income (if negative, enter -0-) 0 C Adjusted net income (if negative, enter -0-) Form **990-PF** (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

SCANNED FEB

Pari	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	year
rait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	405.	8,008.	8,008.
2	Savings and temporary cash investments			
- 1	Accounts receivable ►			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable			
'	Less: allowance for doubtful accounts			
5	_			
ء ا	Receivables due from officers, directors, trustees, and other			······································
°				
_	disqualified persons			
'	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
ets 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
▼ 10	a Investments - U.S. and state government obligations			-
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
1	Less accumulated depreciation		<u>_</u>	
12	Investments - mortgage loans			
13	,			
1	Land, buildings, and equipment: basis ► 2,150,012.			
' '	Less accumulated depreciation		2,150,012.	2,150,012.
15	Other assets (describe			
13	Office assets (describe >)			
	Total accept (to be completed by all filers)	405.	2,158,020.	2,158,020.
	Total assets (to be completed by all filers)	403.	2,130,020.	2,130,020
- 1	Accounts payable and accrued expenses			
18	The second secon			
<u>ဖွ</u> 19	Deferred revenue			
₹ 20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 51	• • • • • • • • • • • • • • • • • • • •			
22 حـ	Other liabilities (describe			
			_	
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
Se 24	Unrestricted			
	Temporarily restricted			
E 26				
밀	Foundations that do not follow SFAS 117, check here			
T.	and complete lines 27 through 31.	1		
Net Assets or Fund Balan		0.	0.	
Sets 28		0.	0.	
SS		405.	2,158,020.	
¥ 29		405.	2,158,020.	
ž 30	Total net assets or fund balances	- 	2,130,020	
	was the tipe of a total and the delegan	405.	2,158,020.	
31			2,130,020.	
Par	TIII Analysis of Changes in Net Assets or Fund B	Balances		
		.20	· · · · · · · · · · · · · · · · · · ·	
	al net assets or fund balances at beginning of year - Part II, column (a), line	30		405
•	ust agree with end-of-year figure reported on prior year's return)		1	405
	er amount from Part I, line 27a		2	2,157,615
-	ner increases not included in line 2 (itemize)		3	0,
4 Ad	d lines 1, 2, and 3		4	2,158,020
5 De	creases not included in line 2 (itemize)		5	0.
6 Tot	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,158,020.
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(a) List and descr	ibe the k	osses for Tax on Ir and(s) of property sold (e.g	., real estate,	t Income	(b)	How acquired - Purchase	(c) Da	te acquired	(d) Date sold
		or common stock, 200 sh	s. MLC Co.)		<u> </u>	- Donation	(mo.	, day, yr.)	(mo., day, yr.)
1a LAND - SANBORN'	ron,	NH				D VARIOUS 09/			09/10/08
b c					┼──		†····		
d						<u>-</u> -			
<u>e</u>			<u> </u>		<u> </u>		1		
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss lus (f) minus	(g)
a 20,000.				17	75.				<u> 19,825.</u>
b c									
d									
e	_								
Complete only for assets showin			1				(I) Gains	(Col. (h) gair it not less tha	n minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		-	Loss	es (from col.	(h))
a									19,825.
<u>b</u>									
d d							-		
e									
2 Capital gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0	r in Part I, line I- in Part I, line	7	<u> </u>	2			19,825.
3 Net short-term capital gain or (los	,	•						-	
If gain, also enter in Part I, line 8,			(07.		}				0
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	t Inv	estment I	ncome		0.
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in a	ion 4942 ify under	tax on the distributable an section 4940(e). Do not common for each year; see instruction (b)	omplete this pa ructions before	art. e making any entri	ies.			Dietr	Yes X No
Base periód years Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dis		Net value of no	oncha	ritable-use ass		(col. (b) di	vided by col. (c))
2007			7,010.			2,70			2.538935
2006 2005				<u></u>		8,0	/5.		.000000
2004						•			
2003									
2 Total of line 1, column (d)							2		2.538935
3 Average distribution ratio for the	5-vear ba	ise period - divide the total	on line 2 by 5.	or by the numbe	r of ye	ears	-		2.330333
the foundation has been in exister	-	•		•	•		3		2.538935
4 Enter the net value of noncharitab	le-use as	ssets for 2008 from Part X,	line 5				4		10,851.
5 Multiply line 4 by line 3							5		27,550.
6 Enter 1% of net investment incon	ne (1% o	f Part I, line 27b)					6		198.
7 Add lines 5 and 6							7	_	27,748.
8 Enter qualifying distributions from		•					8		36,640.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, c	heck the box in Part VI, line	e 1b, and comp	plete that part usi	ng a 1	% tax rate.			
									

	990-PF (2008) BEAR HILL CONSERVANCY TRUST rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		6558			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				,
14	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			1	98.
Ü	of Part I, line 27b					<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			1	98.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			1	98.
	Credits/Payments;					
	2008 estimated tax payments and 2007 overpayment credited to 2008					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c 400.					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7			4	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u> </u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2	02.
	Enter the amount of line 10 to be: Credited to 2009 estimated tax	11				0.
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
, .	any political campaign?			1a		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or				
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				•	
U	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ \$					
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
٠	managers > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
_	If "Yes." attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	ır				
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		Х
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5		X
٠	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
٠	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?			6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col (c), and Part XV					
Ωa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
Ud	NH					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
٥	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
3	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	X	
10		тмт	7	10	X	

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		[37] a.	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		es X No	
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the eventions described		S LALINO	
section 53.4945 or in a current notice regarding disaster assistance (see instr		iii neguialions	N/A	5b
Organizations relying on a current notice regarding disaster assistance check	·			,,,,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined		
expenditure responsibility for the grant?			s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494		•/ 22	,, , , , , , , , , , , , , , , , , , , ,	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promiumo on	☐ Y6	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?	,		5b X
If you answered "Yes" to 6b, also file Form 8870.	• • • • • • • • • • • • • • • • • • • •			
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		s X No	
b If yes, did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly	y	
List all officers, directors, trustees, foundation managers and their		14.20	(a) a	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
DAVID M. ROBY	TRUSTEE			
7 BLISS LANE				_
LYME, NH 03768	2.00	0.	0.	0.
	4			
	-			
				
· · · · · · · · · · · · · · · · · · ·	+			
<u> </u>	+			
	-			
	-			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
			(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE				
	1			
_				
		1		
Total number of other employees paid over \$50,000			•	0
	-		Form 9	990-PF (2008)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	11,016.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	11,016.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,016.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	165.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,851.
6	Minimum investment return. Enter 5% of line 5	6	<u>543.</u>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5		
ь	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	36,640.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	36,640.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	198.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,442.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section
	4940(a) reduction of tay in those years		

Part XIII	Undistributed	Income	(see	instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,		,		
line 7				0.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2008:		0.		
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007	!			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior		· · · · · · · · · · · · · · · · · · ·		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008	0.	-		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	<u></u>	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003	0		†	
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2009.	0.			
Subtract lines 7 and 8 from line 6a		<u> </u>	<u></u>	
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				1
d Excess from 2007				
e Excess from 2008	<u> </u>	·		Form 990-PF (2008)

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the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment	· · · · · · · · · · · · · · · · · · ·				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	00111110011011	,,			
a Paid during the year							
NONE							
NONE							
	_						
Total			▶ 3a	0.			
b Approved for future payment				1			
NONE							
		ŀ					
Total			▶ 3b	0.			
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Part XVI-A Analysis of Income-Prod	ducing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b	_				
C					
d					
e				<u> </u>	
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	-		18	<175.	>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	1 1				
C					
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)	_	().	<175.	> 0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				<175
(See worksheet in line 13 instructions to verify calculations	:)				
Part XVI-B Relationship of Activitie		nplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which i	ncome is reported in	column (e) of Part XV	'I-A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other the	han by providing fund	s for such purposes).			
	<u>-</u>				
					·
	•			<u> </u>	

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P	Part XVII Information Regarding Exempt Organizations		nd Transactions	and Relationships With Nonch	aritable	€	
1			n with any other organizat	ion described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organiz	=		• •			
а	a Transfers from the reporting foundation to a n	•	- · · · -				
	(1) Cash		,		1a(1)		_X
	(2) Other assets				1a(2)		X
b	b Other transactions:						
	(1) Sales of assets to a noncharitable exempt	organization			1b(1)		Х
	(2) Purchases of assets from a noncharitable				1b(2)		X
	(3) Rental of facilities, equipment, or other as	ets			1b(3)		X
	(4) Reimbursement arrangements				1b(4)		Х
	(5) Loans or loan guarantees				1b(5)		Х
	(6) Performance of services or membership of	r fundraising solicitation	ns		1b(6)		X
C	c Sharing of facilities, equipment, mailing lists, o	ther assets, or paid emp	oloyees		1c		X
d	d If the answer to any of the above is "Yes," com					sets,	
	or services given by the reporting foundation.		ed less than fair market va	lue in any transaction or sharing arrangement	t, show in		
	column (d) the value of the goods, other asset						
(a)) Line no (b) Amount involved (c)	Name of noncharitable	exempt organization	(d) Description of transfers, transactions, ar	nd sharing ar	rangeme	nts
		N/A					
		·					
		· · · · · ·	 				
				<u> </u>			
			•				-
_					•		
2a	a Is the foundation directly or indirectly affiliated	with, or related to, one	or more tax-exempt organ	nizations described	-		
	in section 501(c) of the Code (other than section	n 501(c)(3)) or in secti	on 527?		Yes	X] No
b	b If "Yes," complete the following schedule.						
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nship		
	N/A						
			1-84				
- 1	Under penalties of perjury, I declare that I have examined	<u> </u>		monte, and to the best of my translades and balls it		-4	
-	and complete Declaration of preparer (other than taxpay		, , .	· · · · · · · · · · · · · · · · · · ·	is true, corre	ict,	
	1. M. Fol	Л	2/13/10	Tito			
<u>e</u>	Tenne I I I I I I I I I I I I I I I I I I	ł	Date	Title TrusTee			
Sign Here	Property's	<u> </u>			arer's identif	ying nun	nber
ē	Preparer's signature	more CPA		02/09/10 self- employed ► X		. •	
S	-= ≥O DODDD 9	MOSES, CP		EIN >			
- 1	ri sett-employed) 44 SCHOOL			LIN F			
-	address, and ZIP code LEBANON,	NH 03766		Phone no. (60	3)448	-26	50
					Form 99 0		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number Name of the organization 06-6558010 BEAR HILL CONSERVANCY TRUST Organization type (check one). Filers of: Section: Form 990 or 990-EZ 」 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) **General Rule** X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part-VIII, line 1h or 2%-of the amount on Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$_ Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2008) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Name of organization

Employer identification number

BEAR	\mathtt{HILL}	CONSERVANCY	TRUST

06-6558010

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVID M. ROBY 7 BLISS LANE LYME, NH 03768	\$ 2,055,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MARY M. MOKLER 207 CALEF HILL ROAD SANBORNTON, NH 03269	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	DAVID M. ROBY 7 BLISS LANE LYME, NH 03768	\$\$ 119,430.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

BEAR HILL CONSERVANCY TRUST

06-6558010

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$ <u>2,055,000</u> .	12/31/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\\$\\$	09/10/08
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b)	\$

FORM 990-PF GAIN O	R (LOSS) FRO	M SALE O	F ASSE	TS	STA	ATEMENT	1
(A) DESCRIPTION OF PROPERTY			MANN ACQUI		DATE QUIRED	DATE SO)LD
LAND - SANBORNTON, NH		_	DONAT	ED VA	RIOUS	09/10/	08
GROSS VA	(C) LUE AT E OF ACQ.	(D) XPENSE O SALE		(E) EPREC.	GAI	(F) N OR LOSS	;
20,000.	20,000.	17	<u> </u>	0	•	<17	5.
CAPITAL GAINS DIVIDENDS FROM	PART IV						0.
TOTAL TO FORM 990-PF, PART I	, LINE 6A					<17	 '5•:
FORM 990-PF	LEGAL	FEES			STA	ATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST- COME	(C) ADJUS NET IN		(D) CHARITAE PURPOSE	
LEGAL FEES	430.		0.	0.		43	30.
TO FM 990-PF, PG 1, LN 16A	430.	-	0.		0.	43	30.
FORM 990-PF	ACCOUNTI	NG FEES	·		STA	ATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUS NET IN		(D) CHARITAE PURPOSE	
ACCOUNTING FEES	1,395.		0.	-	0.	1,39)5.
TO FORM 990-PF, PG 1, LN 16B	1,395.		0.		0.	1,39)5.
:		: _			 =		

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL SURVEY FEES	17,975.	0.	0.	17,975.	
TO FORM 990-PF, PG 1, LN 16C	17,975.	0.	0.	17,975.	
FORM 990-PF	TAXES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
REAL ESTATE TAXES	199.	0.	0.	199	
TO FORM 990-PF, PG 1, LN 18	199.	0.	0.	199.	
FORM 990-PF	OTHER E	XPENSES	Si	ratement 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONTRACT LABOR	4,530.		0.	4,530.	
RESEARCH ROAD REPAIRS AND MAINTENANCE	3,216. 8,895.		0.	3,216. 8,895.	
TO FORM 990-PF, PG 1, LN 23	16,641.	0.	0.	16,641.	

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

ADDRESS

DAVID M. ROBY

7 BLISS LANE, LYME, NH 03768

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			ightharpoons
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		
Do not c	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed For	m 8868	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I on		F		▶ □
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of tim	e
	come tax returns	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
noted be not auto /ou mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the Word of the Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or continuous table the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you wa ited Form	ant the additional 990-T Instead,
Type or	Name of Exempt Organization	Empl	oyer iden	tification number
orint		_		
le by the	BEAR HILL CONSERVANCY TRUST	0	<u>6-655</u>	8010
due date fo				
eturn See	C/O DAVID ROBY, 7 BLISS LANE		<u> </u>	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LYME, NH 03768			
Check t	ype of return to be filed (file a separate application for each return).			
☐ Fo	rm 990 Form 990-T (corporation) Porm 47	20		
Fo	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27		
=	rm 990-EZ Form 990-T (trust other than above) Form 60			
X Fo	rm 990-PF Form 1041-A Form 88	370		
	DAVID M. ROBY			
• The h	ooks are in the care of ► 7 BLISS LANE - LYME, NH 03768			
	hone No ► 603-795-2080 FAX No. ►			
	organization does not have an office or place of business in the United States, check this box			>
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
box- > -	-If it-is-for part-of the group, check this box 🕨 and attach a list with the names and EINs of all	memb	ers the ex	tension will cover
1 I r	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt		The ender	
_	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a	bove	rne exten	SION
	for the organization's return for calendar year or			
	X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009			
				
2 If	this tax year is for less than 12 months, check reason Initial return Final return		Change in	accounting period
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
_	nrefundable credits. See instructions	3a	\$	400
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			•
	x payments made Include any prior year overpayment allowed as a credit.	3b	\$	0
	plance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	İ		
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	20	\$	400
	ee instructions	3c		
Caution	i. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	EO for pay	ment instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		For	m 8868 (Rev 4-200
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