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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 calendar year, or tax year beginning 05-01-2010 and ending 04-30-2011			·					
B Ch	eck ıf a	pplicable C Name of organization SOCIETY FOR PROTECTION OF NH	D Em	ıployer i	dentification number					
- Ad	dress ch	nange FORESTS	02	-0222	237					
Na	me cha	Doing Business As nge	E Tel	ephone	number					
⊢ _{Inı}	tıal retu	rn Number and street (or P O box if mail is not delivered to street address)	Room/suite (6)	12122	1-9945					
_ Те	mınate	E4 DODTCMOLITH CTREET	(0)	33,22-						
— An	nended	return City or town, state or country, and ZIP + 4	G Gro	ss receip	ots \$ 10,637,421					
		CONCORD, NH 03301								
	F		11/-)							
		i Wallie and address of principal officer	H(a) Is this a group reti	urn for affil	iates? Yes No					
			H(b) Are all affiliates	ıncluded	?					
					t (see instructions)					
I Ta	ıx-exem	npt status	H(c) Group exem	ption n	umber 🟲					
	ebsit e	■: ► WWW FORESTSOCIETY ORG								
		ganization	1 V 6 6 4	1001	M Chaha a file and dans and a NULL					
	m or or irt I	Summary	L Year of formation	1901	M State of legal domicile NH					
Г		·								
		Briefly describe the organization's mission or most significant activities THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS WAS F	OUNDED IN 1901	TO PR	OTECT THE STATE'S					
ሧ		MOST IMPORTANT LANDSCAPES AND PROMOTE THE WISE USE OF ITS NA	TURAL RESOURCE	S						
Governance										
Ē										
A Or	2	Check this box 📭 if the organization discontinued its operations or disposed of i	more than 25% of i	ts net a	assets					
	3	Number of voting members of the governing body (Part VI, line 1a)		3	19					
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19					
Ē	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	87					
Activities &	6	Total number of volunteers (estimate if necessary)		6	216					
٠.	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	208,825					
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	45,488					
			Prior Year		Current Year					
	8	Contributions and grants (Part VIII, line 1h)	8,36	6,615	5,813,903					
를	9	Program service revenue (Part VIII, line 2g)	46	9,383	407,558					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-12	3,560	781,468					
Ť	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37.	2,448	498,802					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	0.09	4,886	7,501,731					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,08	4,880	7,301,731					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0					
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-								
\$	15	10)	2,296,0							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0					
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶401,796								
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,69	9,114	1,795,835					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,99	5,152	4,004,914					
	19	Revenue less expenses Subtract line 18 from line 12	ue less expenses Subtract line 18 from line 12							
Net Assets or Fund Balances			Beginning of Cur Year	rent	End of Year					
Set Sess	20	Total assets (Part X, line 16)	74,12	1.278	77,477,992					
A B	21	Total liabilities (Part X, line 26)	•	6,176	1,396,379					
žĒ	22	Net assets or fund balances Subtract line 21 from line 20	73,48	' +	76,081,613					
Pa	rt III	Signature Block	·		<u> </u>					
Pa Unde know	rt III er pena	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying scholand belief, it is true, correct, and complete. Declaration of preparer (other than officer)	edules and statemen	ts, and	to the best of my					
		*****	2011-09-02	<u> </u>						
Sigi	า	Signature of officer	Date							
Her		JANE A DIFLEY PRESIDENT/FORESTER								
		Type or print name and title								
		Print/Type Preparer's signature THOMAS J PARE CPA THOMAS J PARE CPA THOMAS J PARE CPA			PTIN					
Paid	}	preparer's name THOMAS J PARE CPA THOMAS J PARE CPA 201: Firm's name HESSION & PARE PC	09-06 employe	u r j	Eurolo ETNI k					
Prep		Firm's address 62 STARK STREET			Firm's EIN					
Use	Only				Phone no (603) 669- 5477					
M av	the ID	MANCHESTER, NH 031011970 S discuss this return with the preparer shown above? (see instructions)			✓ Yes 「No					
ı ay	rne IK	.5 uiscuss tills return with the preparer Snown above? (See INSTructions) 🔒 🔒			l* 162 NO					

Form	1990 (2010) Page 4
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS WAS FOUNDED IN 1901 TO PROTECT THE STATE'S MOST ORTANT LANDSCAPES AND PROMOTE THE WISE USE OF ITS NATURAL RESOURCES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 996,780 including grants of \$) (Revenue \$ 988,076)
	LAND MANAGEMENT THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS STEWARDS 168 RESERVATIONS TOTALING OVER 50,000 ACRES IN FY2011 WE COMPLETED 6 TIMBER SALES HARVESTING 13,000 TONS OF LOW-GRADE WOOD AND 950 THOUSAND BOARD FEET OF SAWLOGS WE ALSO BEGAN WORK ON RESTORING A GLOBALLY RARE NATURAL COMMUNITY OF PITCH PINE-SCRUB OAK WE HARVESTED OVER 4,700 CHRISTMAS TREES AND PLANTED 11,000 NEW TREES AT OUR TREE FARM AT THE ROCKS ESTATE WE HOSTED OVER 14,000 VISITORS AND WE HAD THE OFFICIAL OPENING OF THE NEW HAMPSHIRE MAPLE EXPERIENCE
	(Code) (Expenses \$ 958,263 including grants of \$) (Revenue \$ 689,849)
עד	LAND PROTECTION THE FOREST SOCIETY CONSERVED OVER 4,000 ACRES THROUGH 21 LAND PROTECTION PROJECTS ACROSS THE STATE AMONG THE PROJECTS WERE 8 NEW FEE RESERVATIONS OR ADDITIONS TO EXISTING RESERVATIONS AND 11 CONSERVATION EASEMENTS ON LAND OWNED BY OTHERS IN ADDITION OUR STAFF MONITORED OVER 770 EASEMENTS ON MORE THAN 119,000 ACRES
	(Code) (Expenses \$ 638,072 including grants of \$) (Revenue \$ 496,747)
-T-C	EDUCATION, OUTREACH AND MEMBERSHIP KEY ACCOMPLISHMENTS INCLUDE TRAINING 28 NEW VOLUNTEER LAND STEWARDS BRINGING THE TOTAL NUMBER OF LAND STEWARDS TO 105, LAND STEWARDS PUT IN OVER 1,200 HOURS OF WORK IN FY 2011 TO HELP MAINTAIN MORE THAN HALF OUR RESERVATIONS, AND PARTICPATED IN 17 WORKDAYS AND 6 SUPPLEMENTAL TRAINING WORKSHOPS SPONSORED BY THE FOREST SOCIETY, OUTREACH, EDUCATION AND COMMUNICATIONS EFFORTS ON LAND PROTECTION AND WISE RESOURCE USE INCLUDING CAREFUL TIMBER HARVESTING REACHED THOUSANDS VIA FIELD-BASED EDUCATION PROGRAMS, ANNUAL LECTURE SERIES, NEWS RELEASES, A REGULAR NEWSPAPER COLUMN IN THE NH SUNDAY NEWS, RADIO AND TELEVISION SEGMENTS AND SPECIAL FEATURES, OUR WEB SITE, FACEBOOK PAGE, E-NEWSLETTER AND QUARTERLY PUBLICATION OF FOREST NOTES NEW HAMPSHIRE'S CONSERVATION MAGAZINE
4d	Other program services (Describe in Schedule O) See also Additional Data for Description (Expenses \$ 249,191 including grants of \$) (Revenue \$ 96,598)
	Total program service expenses + 2 842 306

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
С	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? <i>If</i> "Yes," complete Schedule L, Part			
	IV	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 43			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_		
L	year?	3a 3b	Yes Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36	165	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N
L	account)?	40		No
	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N o
va	organization solicit any contributions that were not tax deductible?	va		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νο
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		N o
h	required?	7g		No_
•	Form 1098-C?	7h		Νο
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	42-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			ı
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			I
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LESLIE THOMPSON

54 PORTSMOUTH ST CONCORD, NH 03301

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

Check if Schedule O contains a response to any question in this Part VII

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, and current key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) AMY MEYERS TRUSTEE	2 00	Х						0	0	0
(2) BILL TUCKER TRUSTEE	2 00	Х						0	0	0
(3) CAROLYN BENTHIEN CHAIR	2 00	Х		Х				0	0	0
(4) DONALD WHARTON PAST CHAIR	2 00	Х		х				0	0	0
(5) HANK SWAN TRUSTEE	2 00	Х						0	0	0
(6) HOWARD MOFFETT TRUSTEE	2 00	Х						0	0	0
(7) HUNT DOWSE TREASURER	2 00	Х		х				0	0	0
(8) JON DAWSON TRUSTEE	2 00	Х						0	0	0
(9) KATHARINE ENEGUESS TRUSTEE	2 00	Х						0	0	0
(10) PHIL BRYCE TRUSTEE	2 00	Х						0	0	0
(11) MIDGE ELIASSEN SECRETARY	2 00	Х		х				0	0	0
(12) PATRICIA VASBINDER TRUSTEE	2 00	X						0	0	0
(13) MALIN CLYDE TRUSTEE	2 00	X						0	0	0
(14) DEANNA HOWARD TRUSTEE	2 00	Х						0	0	0
(15) PAM HALL TRUSTEE	2 00	Х						0	0	0
(16) STEPHEN TAYLOR TRUSTEE	2 00	X						0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours	1	tion that a			11		(D) Reportable compensation from the	(E) Reportable compensation from related	Esti amoun	(F) mated t of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	fro organiz re	ensation m the ation and ated izations
(17) \text{TRUS}	WILLIAM WEBB TEE	2 00	х						0	0)	0
	STEPHENS FOWLER CHAIR	2 00	х		х				0	0		0
	JACK MIDDLETON	2 00	х						0	0		0
	JANE DIFLEY	40 00					х		126,159	0)	0
1b	Sub Tatal							<u> </u>				
	Sub-Total					•	· ·					
						•		 -	126,159			
2	Total number of individuals (incl \$100,000 in reportable compen	-				teda	above)) who	received more tha	n	•	
											Yes	No
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch						mploy	ee, o	r highest compens		_	
4	For any individual listed on line 3						ation:	and o	other compensation		3	N o
•	organization and related organization									ch	4	No
5	Did any person listed on line 1a services rendered to the organiz		-				-		-		5	No
Se	ection B. Independent Con	tractors										
1	Complete this table for your five \$100,000 of compensation from	hıghest comper		ndep	ende	nt c	ontrac	tors	that received more	than		
	Nan	(A) ne and business add	dress						Descri	(B) ption of services	Com	(C) pensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕨

		(2010)					Pa	age 9
Part \	<u> </u>	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function		(D) Revenue excludee from
						revenue		tax under sections 512, 513, or
								514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1 a					
36 12 13 13 13 13 13 13 13 13 13 13 13 13 13		Membership dues		387,532				
at Fat		Fundraising events						
ა, <u>შ</u>		Related organizations		1 226 200				
r Sign		Government grants (contributions)		1,226,289				
e Š	-	All other contributions, gifts, grants similar amounts not included above		4,200,082				
ğ	g	Noncash contributions included in li	nes 1a-1f \$	1,984,900				
<u>ة ز</u>	h	Total. Add lines 1a-1f	<u> </u>		5,813,903			
nue	2-	FOREST ORERATIONS		Business Code				
Program Service Revenue	2a b				222,620 183,733			
ce F	С				1,205			
ž.	d							
3 (2	e	All all all						
200	ľ	All other program service re	venue					
Δ		Total. Add lines 2a-2f			407,558			
	3	Investment income (includir and other similar amounts)		-	255,910			255,91
	4	Income from investment of tax-ex						
	5	Royalties						
		_	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental	289,977					
	_	expenses Rental income	289,977					
		or (loss)	·		289,977			289,97
	a	Net rental income or (loss)	(ı) Securities	(II) O ther	209,977			209,97
	7a	Gross amount from sales of assets other than inventory	3,536,320	16,500				
	ь		3,008,029	19,233				
		sales expenses Gain or (loss)	528,291	-2,733				
		Net gain or (loss)		-2,733	525,558	525,558		
<u> </u>		Gross income from fundraisi (not including			·	·		
		of contributions reported on See Part IV, line 18						
5		Less direct expenses .						
		Net income or (loss) from ful		2				
			ctivities See Part IV, line 19 .	a b				
		Net income or (loss) from ga						
	10a	■ Gross sales of inventory, les returns and allowances .	S					
			a	317,253				
		Less cost of goods sold . Net income or (loss) from sa		108,428	208,825		208,825	
		Miscellaneous Revenue	ies of inventory	Business Code	200,023		233,023	
	11a							
	Ŀ	<u> </u>						
	c							
	c	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See Instructi	ons .	}				
					7,501,731		208,825 orm 990 (2	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, b, 9b, 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 governments and organizations in the U S See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	1,755,397	1,203,935	321,602	229,860			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	59,265	40,089	10,831	8,345			
9	Other employee benefits	255,010	175,886	44,689	34,435			
10	Payroll taxes	139,407	94,300	25,477	19,630			
а	Fees for services (non-employees) Management							
b	Legal	134,920	109,951	21,221	3,748			
c	Accounting	16,471	13,422	2,591	458			
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	57,101		57,101				
g	Other	356,292	282,775	64,253	9,264			
12	Advertising and promotion	102,784	83,241		19,543			
13	Office expenses	89,318	45,422	17,917	25,979			
14	Information technology	77,282	70,559	3,941	2,782			
15	Royalties							
16	Occupancy	248,563	237,895	1,080	9,588			
17	Travel	51,209	41,248	8,225	1,736			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	13,034	10,638	1,978	418			
20	Interest	7,703	7,703					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	267,960	180,797	67,877	19,286			
23	Insurance	45,142	43,184	198	1,760			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а	CHANGE IN PV OF ANNUITIES	82,031		82,031				
b	MISCELLANEOUS	64,650	46,670	17,480	500			
c	PROGRAM EXPENSES	60,207	45,499	7,228	7,480			
d	CONTRACT & GRANT EXPENSE	37,323	37,323					
е	CHRISTMAS TREE EXPENSES	36,409	36,409					
f	A II other expenses	47,436	35,360	5,092	6,984			
25	Total functional expenses. Add lines 1 through 24f	4,004,914	2,842,306	760,812	401,796			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,426,314	2	2,306,620
	3	Pledges and grants receivable, net			979,689	3	631,143
	4	Accounts receivable, net			140,470	4	104,432
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)					
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			512,910	8	504,343
	9	Prepaid expenses and deferred charges			27,671	9	28,796
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	66,628,903			
	ь	Less accumulated depreciation	10b	3,188,868	59,810,325	10c	63,440,035
	11	Investments—publicly traded securities		10,010,626	11	10,287,655	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		•	213,273	15	174,968
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			74,121,278	16	77,477,992
	17	Accounts payable and accrued expenses .			348,674	17	286,337
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es G	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			287,502	23	575,042
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	535,000
	26	Total liabilities. Add lines 17 through 25			636,176	26	1,396,379
Fund Balances		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete li	nes 27			
ank	27	Unrestricted net assets			8,745,302	27	8,558,437
80	28	Temporarily restricted net assets	3,854,127	28	3,023,653		
豆	29	Permanently restricted net assets	60,885,673	29	64,499,523		
Ë		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	ıd com	plete			
<u> </u>		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			73,485,102	33	76,081,613
~	34	Total liabilities and net assets/fund balances			74,121,278	34	77,477,992

Par	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)			7 .	-01 721
2	Total expenses (must equal Part IX, column (A), line 25)	2			01,731
3	Revenue less expenses Subtract line 2 from line 1	3			196,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		73,4	85,102
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>-</u> 9	900,306
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		76,0	81,613
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•	•	୮	
		_		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 Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

- DO NOT PROCESS AS FIR

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Open to Public Inspection

OCIE ORES		R PROTECT!	ION OF NH				02-0222237			
Par	rt I	Reas	on for Pu	blic Charity Stat	tus (All organizations	must complete this p		tions		
					<u>_</u>	igh 11, check only one b				
1	Г					escribed in section 170(I				
2	Г)(A)(ii). (Attach Sched					
3	Ė					bed n section 170(b)(1	(A)(iii).			
4	Γ	A medic	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5	Γ	-	•	erated for the benefit A)(iv). (Complete Pa	-	ty owned or operated by	a governmental uni	t descrit	oed in	
6	Γ	A federa	al, state, or	local government or	governmental unit desc	ribed in section 170(b)(L)(A)(v).			
7	⊽	describ	ed ın	t normally receives A)(vi) (Complete Pa		support from a governme	ental unit or from th	e genera	ıl public	
8	Г				. 170(b)(1)(A)(vi) (Cor	nplete Part II)				
9	Ė		•			of its support from contri	butions, membersh	ıp fees,	and aros	SS
	·	•		•	• •	t to certain exceptions, a	•		-	
		ıts supp	ort from gro	ss investment incor	ne and unrelated busine	ss taxable income (less	section 511 tax) fr	om busi	nesses	
			-			5 09(a)(2). (Complete Pa	•			
10	Г					oublic safety See section				
11	Γ	one or r	nore publicl	y supported organiza	ations described in sect orting organization and o	efit of, to perform the fun ion 509(a)(1) or section complete lines 11e throu - Functionally integrate	509(a)(2) See sec gh 11h	•	(a)(3).	Check
e	Γ	other th	-		-	rolled directly or indirect ilicly supported organiza		•		
f			-	received a written de	termination from the IR	S that it is a Type I, Typ	e II or Type III su	porting	organız	atio <u>n,</u>
_		check t		OOE has the argany	antion propertied any gift	ar contribution from any	of the			ı
g			ugust 17, 2 g persons?	006, has the organi.	zation accepted any girt	or contribution from any	or the			
				ectly or indirectly co	ontrols, either alone or t	ogether with persons des	scribed in (ii)		Yes	No
		and (III)	below, the	governing body of th	e the supported organiza	ation?		11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ped in (i) above?			11g(ii))	
		(iii) a 3	5% controll	led entity of a persor	n described in (i) or (ii) a	ibove?		11g(iii)	
h		Provide	the followin	g information about	the supported organizat	ion(s)				
S	(i) Name suppoi ganiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the US?	1	A mo	ii) unt of port

Total

(see

instructions))

Yes

No

Yes

Yes

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.)

	under Part III. If the	e organization	rails to qualify u	nder the tests i	isted below, pie	ase coi	пріете і	art III.)
	ection A. Public Support endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
1	In) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual				8,366,615		,813,903	37,277,435
2	grants ") Tax revenues levied for the organization's benefit and either							
_	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 3 The portion of total contributions	8,376,24	6,260,977	8,459,695	8,366,615	5	,813,903	37,277,435
3	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							
6	(f) Public Support. Subtract line 5 from line 4							37,277,435
Se	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
7	A mounts from line 4	8,376,245	6,260,977	8,459,695	8,366,615	5,	813,903	37,277,435
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	655,098	1,176,519	347,901	515,233		545,887	3,240,638
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support (Add lines 7 through 10)							40,518,073
12	Gross receipts from related activiti	es, etc (See inst	tructions)			12		407,558
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	thırd, fourth, or fı	fth tax year as a !	501(c)(3) organız	ation, ▶
S	ection C. Computation of Pul	olic Support F	Percentage					
14	Public Support Percentage for 201	0 (line 6 column	(f) dıvıded by lıne	11 column (f))		14		92 000 %
15	Public Support Percentage for 200	9 Schedule A, Pa	rt II, line 14			15		91 830 %
	33 1/3% support test—2010. If the and stop here. The organization qua	alıfıes as a publıc	ly supported orga	nızatıon				▶ ✓
	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization medium Part IV how the organization medium.	n qualifies as a p — 2010. If the org tion meets the "f	ublicly supported of anization did not c facts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b k this box and st o	and line	14 Explain	▶ ┌
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization	nızatıon meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	re.	
18	supported organization Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and :	see	►□

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID:

Software Version:

EIN: 02-0222237

Name: SOCIETY FOR PROTECTION OF NH

FORESTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 249,191 including grants of \$) (Revenue \$ 96,598)

POLICY THE FOREST SOCIETY LOBBIES STATE ELECTED OFFICIALS IN CONCORD, NH AND OUR FEDERAL DELEGATION IN WASHINGTON THERE ARE TWO STAFF MEMBERS WHO ALLOCATE TIME TO LOBBYING, AND MOST OF THAT TIME IS SPENT LOBBYING STATE LEGISLATORS ON BEHALF THE FOREST SOCIETY'S POSITIONS ON SPECIFIC PIECES OF LEGISLATION INTRODUCED THE STATE LEGISLATURE MEETS FROM JANUARY TO JUNE EACH YEAR MOST OF THE TIME SPENT LOBBYING BY THE ORGANIZATION'S STAFF IS WITHIN THESE SIX MONTH SESSIONS THE FOREST SOCIETY LOBBIES SPECIFICALLY ON BILLS RELATING TO FORESTRY, WATER QUALITY, AIR QUALITY LAND CONSERVATION AND GROWTH MANAGEMENT CONSERVATION PLANNING CONSERVATION PLANNING STAFF WORKS WITH THE FOREST SOCIETY'S CONSERVATION PARTNERS TO CREATE IN-DEPTH MAPPING TO HIGHLIGHT KEY LAND PROTECTION PRIORITIES AROUND THE STATE IN FY2011 STAFF COMPLETED THE LAKES REGION STRATEGIC CONSERVATION PLAN WITH PARTNERS, CONTINUED WATERSHED MASTER PLANNING WORK IN THE NEWFOUND LAKE REGION, AND DID CONTRACT WORK WITH NH DES TO UPDATE CRITICAL WATER SUPPLY LANDS DATA

DLN: 93493256003051

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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

• Se • Se If th	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or thave filed Form 5768 (election under thave NOT filed Form 5768 (election us," to Form 990, Part IV, Line 5 (Prestions Complete Part III	section 501(h)) Conder section 501(omplete Part II-A Do h)) Complete Part II-E	not co 3 Do r	mplet not co	e Part II-B mplete Part	II-A
N a	time of the organization CIETY FOR PROTECTION OF NH RESTS			Employe		ntıfıca	ition numbe	er
Par	t I-A Complete if the or	ganization is exempt under	section 501(c			org	anizatio	n.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	:al campaign acti	vities in Part IV				
2	Political expenditures			ı	-	\$		
3	V olunteer hours							
Par	TES Complete if the or	ganization is exempt under	section 501/c	1/31				
1	<u> </u>	e tax incurred by the organization und		,,(J).		\$		
2	·	e tax incurred by organization manage		4955	•	Ψ <u>—</u>		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?			· —	☐ Yes	✓ No
4a	Was a correction made?	,	•				Yes	✓ No
b	If "Yes," describe in Part IV						·	·
Pai	t I-C Complete if the or	ganization is exempt under	section 501(c) except section	n 50	1(c)	(3).	
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	F	\$		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to ot	ner organizations	for section 527	•	\$		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b	•	¢		
4	Did the filing organization file F	Form 1120-POL for this year?				Ψ —	┌ Yes	✓ No
5	Enter the names, addresses ar organization made payments F amount of political contribution	nd employer identification number (El For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If	e amount paid froi rectly delivered t	m the filing organizat o a separate politica	tion's alorga	funds anızat	Also ente ion, such a	r the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organizatio) A mount of ntributions	•

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

_	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box	n affiliated group x A and "limited control" provisions apply	,	
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 11	o)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j 	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4	720 reporting	┌ Yes ┌ No

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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	a)	(b)	
		Yes	No	A mount	
L	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?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		45,75	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		5,81	
j	Total lines 1c through 1:			51,56	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
ь	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?		No		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- Dues, assessments and similar amounts from members 1 1 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political
- expenses for which the section 527(f) tax was paid).
- Current year
- ь Carryover from last year
- Total C
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	THE FOREST SOCIETY LOBBIES STATE ELECTED
		OFFICIALS IN CONCORD, NH AND OUR FEDERAL
		DELAGATION IN WASHINGTON, DC THERE ARE TWO
		STAFF MEMBERS WHO ALLOCATE TIME TO LOBBYING, AND
		MOST OF THAT TIME IS SPENT LOBBYING STATE
		LEGISLATORS ON BEHALF OF THE FOREST SOCIETY'S
		POSITIONS ON SPECIFIC PIECES OF LEGISLATION
		INTRODUCED THE STATE LEGISLATURE MEETS FROM
		JANUARY TO JUNE EACH YEAR MOST OF THE TIME SPENT
		LOBBYING BY THE ORGANIZATION'S STAFF IS WITHIN
		THESE SIX MONTH SESSIONS THE FOREST SOCIETY
		LOBBIES SPECIFICALLY ON BILLS RELATING TO
		FORESTRY, WATER QUALITY, AIR QUALITY, LAND
		CONSERVATION AND GROWTH MANAGEMENT OTHER
		ACTIVITIES FOR 5,813 RELATED TO A CONSULTANT WHO
		WAS HIRED TO DESIGN AND EXECUTE AN OUTREACH
		CAMPAIGN IN SUPPORT OF LHCIP (LAND AND
		COMMUNITY HERITAGE INVESTMENT PROGRAM)
		LOBBYING IN THE NH LEGISLATURE

2a

2b

2c

3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493256003051

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ciliai i tevellue	P Attach to Ft	ini 330. F See separate instructions.			Tiispee	
	he organization		Employ	er identificat	ion numbe	er
FORESTS	R PROTECTION OF NH		02-02	22237		
Part I	Organizations Maintaining Donor Ac				Comple	te if the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	/h)	Eunds and att	201 200011	nto
Tatal	number at and aftical	(a) Donor advised lunds	(D)	Funds and otl	ier accou	nts
	number at end of year					
	gate contributions to (during year) gate grants from (during year)					
	· · · · ·					
	gate value at end of year					
	ne organization inform all donors and donor advi are the organization's property, subject to the		oradvise	d	┌ Yes	▼ No
used	ne organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit			ourpose	☐ Yes	√ No
Part II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 9	990, Part IV,	line 7.	
P 모 Comp	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali ment on the last day of the tax year	Preservation of a c	ertified h	nistoric structi		a
				Held at the E	nd of the	Year
a Total	number of conservation easements		2a			774
b Total	acreage restricted by conservation easements		2b		•	119,535
c Numb	per of conservation easements on a certified his	toric structure included in (a)	2c			1
d Numb	per of conservation easements included in (c) ac	cquired after 8/17/06	2d			
the ta	per of conservation easements modified, transfe exable year 🕨1		d by the	organızatıon d	uring	
	per of states where property subject to conserva the organization have a written policy regarding		— Upg of v	olations and		
	cement of the conservation easements it holds?	= : : : : : : : : : : : : : : : : : : :	illing of vi	orations, and	√ Yes	┌ No
Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents duri	ng the year ►	499	
A mou	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during t	he year 🟲 🖇 _	200,76	51
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		✓ Yes	┌ No
balan	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t rganization's accounting for conservation easem	he footnote to the organization's financial	•	•		
art III	Organizations Maintaining Collectio Complete if the organization answered "		or Othe	r Similar A	ssets.	
art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furth			 ⊇,
histor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	oublic exhibition, education, or research in			•	
(i) _{Re}	evenues included in Form 990, Part VIII, line 1			► \$		
(ii) _A	ssets included in Form 990, Part X			► \$		
Ifthe	organization received or held works of art, historing amounts required to be reported under SFAS		r financia			
	nues included in Form 990. Part VIII. line 1			b - ¢		

b Assets included in Form 990, Part X

3che	edule D (Form 990) 2010								Page 2
Par	titi Organizations Maintaining Co	llections of Art,	Historic	al Treas	ures, or Othe	er Similar	Asse	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the follo	owing that a	are a significant i	use of its co	llection	1	
а	Public exhibition		d $ extstyle ex$	Loan or ex	change programs	5			
b	Scholarly research		е Г	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ellections and explain	how they	further the	organization's e	xempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		,			nılar	Г	Yes	√ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an				on answered "\	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	lary for co	ntributions	or other assets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	llowing ta	ble		<u> </u>			
							A mou	nt	
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217				Г	Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year	answere (b)Prior Y			<u>rt IV, line</u> d)Three Years		N Egur Y	ears Back
.a	Beginning of year balance	10,570,195	_ ` '	360,551	18,782,965	d)Tillee Tears	Dack (C	.ji 0ui 1	cars back
ь	Contributions		2,	684,779	4,227,149				
c	Investment earnings or losses	1,144,018	1,	792,073	-5,334,610				
d	Grants or scholarships								
e	Other expenditures for facilities and programs	618,254	5,	,215,273	6,258,047				
f	Administrative expenses	57,101		51,935	56,906				
g	End of year balance	11,038,858	10,	570,195	11,360,551				
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment 🕨	35 710 %							
ь	Permanent endowment 🕨 42 500 %								
c	Term endowment ► 21 790 %								
Ba	Are there endowment funds not in the posses	ssion of the organizat	ion that ai	re held and	administered for	the			
	organization by					i	2-(:)	Yes	No
	(i) unrelated organizations		• •				3a(i) 3a(ii)		No No
ь	(ii) related organizations			ıle R?			3b	<u> </u> 	l No
ļ	Describe in Part XIV the intended uses of th	•						l	
a l	rt VI Investments—Land, Buildings	s, and Equipmen	t. See Fo	orm 990, I	Part X, line 10.				
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Accumu depreciati		(d) Bo	ok value
					1				
La	Land				59,887,296			5	9,887,296
	Land				59,887,296 5,095,642		21,586		
b					+		21,586		
b c	Buildings				+	2,22	21,586		2,874,056
b c d	Buildings				5,095,642	2,22			9,887,296 2,874,056 227,129 451,554

Part VIII Investments—Other Securities. See	form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valu	
(including name of security)	(B)Book value	Cost or end-of-year ma	irket value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
O their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
Part VIII Investments—Frogram Related. See	T	(c) Method of valu	
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
		Cost of end-of-year me	irket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)	(b)	Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	e 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	E 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,501,731
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,004,914
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,496,817
4	Net unrealized gains (losses) on investments	4	421,694
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,322,000
9	Total adjustments (net) Add lines 4 - 8	9	-900,306
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,596,511
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,655,752
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	530,122
3	Subtract line 2e from line 1	3	6,125,630
4	A mounts 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 XIV)		
c	Add lines 4a and 4b	4c	1,376,101
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,501,731
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	4,059,241
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	108,428
3	Subtract line 2e from line 1	3	3,950,813
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 54,101		
c	Add lines 4a and 4b	4c	54,101
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,004,914

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information				
Ident if ier	Return Reference	Explanation		
ACCOUNTING FOR CONSERVATION EASEMENTS	SCHEDULE D, PAGE 1, PART II, LINE 9	PERMANENT LAND HOLDINGS INCLUDE CONSERVATION EASEMENTS PURCHASED BY THE FOREST SOCIETY CONSERVATION EASEMENTS ARE INTANGIBLE ASSETS COMPRISED OF LISTED RIGHTS AND/OR RESTRICTIONS OVER THE OWNED PROPERTY THAT ARE CONVEYED BY THE OWNER TO THE SOCIETY IN ORDER TO PROTECT THE PROPERTY AS A SIGNIFICANT NATURAL AREA CONSERVATION EASEMENTS ARE RECORDED AT THE LOWER OF COST OR MARKET VALUE THE VALUE OF EASEMENTS DONATED DURING THE YEAR ENDED APRIL 30, 2011 AND LISTED IN NOTE 1 OF THE AUDITED FINANCIAL STATEMENTS IS 1,413,000		
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	FUNDS LISTED AS ENDOWMENT FUNDS ON THIS RETURN INCLUDE TRUE PERMANENTLY RESTRICTED FUNDS, TWO TEMPORARILY RESTRICTED FUND AND UNRESTRICTED FUNDS THE PERMANENTLY RESTRICTED FUNDS ARE USED IN ACCORDANCE WITH THE WISHES OF THE ORIGINAL DONORS AND ARE SUBJECT TO THE FOREST SOCIETY'S SPENDING POLICY THE TEMPORARILY RESTRICTED FUNDS ARE USED ONLY FOR THE PURPOSES FOR WHICH THEY ARE INTENDED THE UNRESTRICTED FUNDS ARE SUBJECT TO THE FOREST SOCIETY'S SPENDING POLICY TO SUPPORT OPERATIONS BUT ARE ALSO AVAILABLE FOR OTHER ORGANIZATIONAL USES SUBJECT TO BOARD OF TRUSTEES APPROVAL		
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF SALES NETTED WITH REVENUE ON TAX RETURN 108,428 AMORTIZATION NETTED AGAINST I&D ON FINANCIAL REPORT -54,101 DONATED CONSERVATION EASEMENTS -1,322,000 COST OF SALES NETTED WITH REVENUE ON TAX RETURN -108,428 BOOK / TAX DEPRECIATION DIFFERENCE 54,101		
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF SALES NETTED WITH REVENUE ON TAX RETURN 108,428		
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	AMORTIZATION NETTED AGAINST I&D ON FINANCIAL REPORT 54,101 DONATED CONSERVATION EASEMENTS 1,322,000		
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF SALES NETTED WITH REVENUE ON TAX RETURN 108,428		
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 54,101		

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization SOCIETY FOR PROTECTION OF NH FORESTS

Employer identification number

02-0222237

					02-0222237			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining o amounts		ontribut	:ion
1	Art—Works of art			, and the second				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other	Х	8	1,984,900	APPRAISAL			
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()							
	O ther ▶()							
27	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received by for which the organization complete				29			4
			,				Yes	No
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years fr							
	for exempt purposes for the entire h					200		No
						30a		110
о 31	If "Yes," describe the arrangement Does the organization have a gift ac			eview of any non-standard	contributions?	31	Yes	
		·		·				
32a	Does the organization hire or use the contributions?	ı ı	es or related organizations	· · · · · · · · · · · ·	ion-casn	32a		Νo
ь	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493256003051

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization SOCIETY FOR PROTECTION OF NH FORESTS **Employer identification number**

02-0222237

	ldentifier	Return Reference	Explanation
1	IIRD A CHIEV EMENT SCRIPTION	· · · · ·	SITE, FACEBOOK PAGE, E-NEWSLETTER AND QUARTERLY PUBLICATION OF FOREST NOTES NEW HAMPSHIRE'S CONSERVATION MAGAZINE

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	POLICY THE FOREST SOCIETY LOBBIES STATE ELECTED OFFICIALS IN CONCORD, NH AND OUR FEDERAL DELEGATION IN WASHINGTON THERE ARE TWO STAFF MEMBERS WHO ALLOCATE TIME TO LOBBY ING, AND MOST OF THAT TIME IS SPENT LOBBY ING STATE LEGISLATORS ON BEHALF THE FOREST SOCIETY'S POSITIONS ON SPECIFIC PIECES OF LEGISLATION INTRODUCED THE STATE LEGISLATURE MEETS FROM JANUARY TO JUNE EACH YEAR MOST OF THE TIME SPENT LOBBY ING BY THE ORGANIZATION'S STAFF IS WITHIN THESE SIX MONTH SESSIONS THE FOREST SOCIETY LOBBIES SPECIFICALLY ON BILLS RELATING TO FORESTRY, WATER QUALITY, AIR QUALITY LAND CONSERVATION AND GROWTH MANAGEMENT CONSERVATION PLANNING CONSERVATION PLANNING STAFF WORKS WITH THE FOREST SOCIETY'S CONSERVATION PARTNERS TO CREATE IN-DEPTH MAPPING TO HIGHLIGHT KEY LAND PROTECTION PRIORITIES AROUND THE STATE IN FY2011 STAFF COMPLETED THE LAKES REGION STRATEGIC CONSERVATION PLAN WITH PARTNERS, CONTINUED WATERSHED MASTER PLANNING WORK IN THE NEWFOUND LAKE REGION, AND DID CONTRACT WORK WITH NH DES TO UPDATE CRITICAL WATER SUPPLY LANDS DATA

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE FOREST SOCIETY IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT CURRENTLY HAS 8,864 MEMBERS

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT THE BOARD SECRETARY AT THEIR ANNUAL MEETING THE CANDIDATE FOR BOARD SECRETARY IS RECOMMENDED BY THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS ELECT THE BOARD SECRETARY AT THEIR ANNUAL MEETING THE CANDIDATE FOR BOARD SECRETARY IS RECOMMENDED BY THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation								
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD'S AUDIT COMMITTEE REVIEWS THE 990 AND 990-T IN DETAIL AT A COMMITTEE MEETING ONCE THE COMMITTEE IS SATISFIED THAT THE FORMS ARE COMPLETE THEY ARE FORWARDED TO THE ENTIRE BOARD FOR REVIEW A BOARD VOTE IS TAKEN TO ACCEPT THE FORMS AND DIRECT STAFF TO FILE THEM								

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY OUR TRUSTEES ARE ASKED TO SIGN A FORM ABOUT THEIR POTENTIAL CONFLICTS, IF ANY IN ADDITION TO FILLING OUT THE FORM, THE PROCESS REMINDS TRUSTEES OF OUR POLICY WHEN POTENTIAL TRUSTEES ARE ASKED TO CONSIDER JOINING THE BOARD, THEY'RE GIVE THE "ROLES AND RESPONSIBILITIES" DOCUMENT WHICH OUTLINES BOTH THE RESPONSIBILITIES OF THE INDIVIDUAL TRUSTEE AND THE BOARD AS A WHOLE, INCLUDING CONFLICT OF INTEREST IT ALSO INSTRUCTS BOARD MEMBERS TO READ AND BE CONVERSANT WITH NH ATTORNEY GENERAL'S "GUIDEBOOK FOR NEW HAMPSHIRE CHARITABLE NONPROFIT ORGANIZATIONS"

ldentifier	Return Reference	Explanation						
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PRESIDENT/FORESTER (CEO) IS THE ONLY OFFICER WHO IS PAID THE COMPENSATION FOR THE PRESIDENT/FORESTER IS SET BY THE BOARD OF TRUSTEES AFTER A PROCESS OF REVIEW BY BOTH A SUB-COMMITTEE APPOINTED BY THE CHAIR AND BY THE FULL BOARD PERIODICALLY SALARIES OF OTHER NONPROFIT CEO'S ARE REVIEWED FOR COMPARISON THE PRESIDENT/FORESTER PROVIDE ANNUAL GOALS AND A SELF-EVALUATION THE BOARD CHAIR SUMMARIZES THE DELIBERATIONS OF THE BOARD IN A LETTER TO THE PRESIDENT/FORESTER						

ldentifier	Return Reference	Explanation								
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR THE VICE PRESIDENTS (KEY EMPLOYEES) IS SET BY THE PRESIDENT/FORESTER PERIODICALLY SALARIES OF OTHER NON-PROFIT SENIOR STAFF ARE REVIEWED FOR COMPARISON								

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	FINANCIAL STATEMENTS FOR THE MOST CURRENT THREE YEARS ARE AVAILABLE ON OUR WEBSITE, OR BY REQUESTING COPIES FROM THE VICE PRESIDENT FOR FINANCE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED TO ALL BOARD MEMBERS THEY AREN'T AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
	XI, LINE 5	OTHER CHANGES IN NET ASSETS NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS 421,694 DONATED CONSERVATION EASTEMENTS (1,322,000) TOTAL OTHER CHANGES IN NET ASSETS (900,306)

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493256003051

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** SOCIETY FOR PROTECTION OF NH FORESTS INDIRECT DEPRECIATION 02-0222237 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 313,787 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 313,787 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24b, CC														
Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	aution	: See	the i	<u>์nstrบ</u>	ctic	ons for I	imits	for pa	sseng	<u>er au</u>	tomol	biles.)
24a Do you have evider	nce to support t	the business/inv	estment u	use claimed	d? ┌ Yes	Гио			24b	If "Yes,"	is the e	/ idence	written?	$\Gamma_{Y\epsilon}$	sГn	0
(a) Type of property (list vehicles first)	(b) Date placed in service	placed in investment Cost or			r other (husiness/investment)			(f) Recover	'	(g) Method/ Conventio		(h) Depreciation/ deduction			(i) Elected section 179 cost	
25Special depreciation allo	•		rty placed	ın service (during the	tax year	and u	ısed m	ore t	han 25						
26 Property used more	e than 50%	n a qualified l	business	use												
		%							Т					\top		
		%												\bot		
37 Dramarty used E00/		%														
27 Property used 50%	o or less in a	quanned bus	mess us	e					Is	/L -	$\overline{}$			$\overline{}$		
		%							_	/L -				7		
		%							S	/L -				그		
28 Add amounts in co	olumn (h), lır	ies 25 throug	h 27 En	ter here a	and on lir	ne 21,	page	1	•	28						
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1					•		29				
				—Infor												
Complete this section If you provided vehicles to														se vehic	les	
· ·	, ,				a)	T	b)			(c)	· .	d)		e)		f)
year (do not inclu-			ing the	Vehi	Vehi	Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		1		
31 Total commuting i	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles (drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle upowner or related p		by a more th	ian 5%													
36 Is another vehicle	available fo	r personal us	e? .													
Section Answer these questions owners or related	ns to determ	•	et an exc												not mo	re thar
37 Do you maintain a	written polic	y statement	that prol	nibits all	personal	use of	vehi	cles,	ncl	udıng cor	nmutır	ng, by y	our	Y	'es	No
employees? .						•	٠	•	•			•	•			
38 Do you maintain a employees? See t																
39 Do you treat all us	se of vehicles	s by employee	es as pei	rsonal us	e? .											
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio	n fror	n you	r er	nployees	about	the us	e of the	e		
41 Do you meet the r				automobi	le demor	- nstratio	n us	e? (S	ee II	nstructio	ns)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 ıs "Ye	s," do no	t comple	te Sect	ion B	3 for t	he c	overed v	ehicle	s				
Part VI Amo	rtization											1				
(b) (a) Date			(c) A mortizable			((d) Code		(€ A morti	zation	(f) A mortization			on for		
Description of costs amortization begins						ection period or percentage				this year						
42 A mortization of co	osts that bea	<u>-</u>	ur 2010	tax vear	(see inst	truction	ns)			1,	<u> </u>	I				
			1	,/-		1										
43 A mortization of co	sts that bea	an before vou	ır 2010 1	tax year							43					
		, 5 u	'	,	•	-	-			-	<u> </u>					

44 Total. Add amounts in column (f) See the instructions for where to report

44