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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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. 2012

		e 2012 calendar year, or tax year beginning MAY $\perp$ , $\angle 0 \perp \angle$ and ending	APR 30, 2013
3 (	heck if	C Name of organization	D Employer identification number
	)Addr	SOCIETY FOR THE PROTECTION OF NEW	
느	_]chan	HAMPSHIRE FURESTS	
<u>_</u>	Nam chan	Doing Business As	02-0222237
Ĺ,	]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te E Telephone number
	Term ated	54 PORTSMOUTH STREET	(603) 224-9945
	Amer	City, town, or post office, state, and ZIP code	G Gross receipts \$ 12,093,162.
	Appli	CONCORD, NH 03301	H(a) Is this a group return
	pend	F Name and address of principal officer JANE A DIFLEY	for affiliates? Yes X No
		54 PORTSMOUTH STREET, CONCORD, NH 03301	H(b) Are all affiliates included? Yes No
T	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or 52	27 If "No," attach a list (see instructions)
		te: > WWW.FORESTSOCIETY.ORG	H(c) Group exemption number
( F	orm o	forganization: X Corporation	ar of formation 1901 M State of legal domicile, NH
	rt I	Summary	
	1	Briefly describe the organization's mission or most significant activities THE SOCIE	TY FOR THE PROTECTION
Activities & Governance		OF NEW HAMPSHIRE FORESTS WAS FOUNDED IN 1901	
ē	2	Check this box  fithe organization discontinued its operations or disposed of mo	
•	3	Number of voting members of the governing body (Part VI, line 1a)	3 17
5	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
5	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 92
2	e S	Total number of volunteers (estimate if necessary)	6 303
	7.	Total unrelated business revenue from Part VIII, column.(C), line 12.	7a 202,428.
ć			7b 9,568.
-		Net unrelated business taxable income from Form 990-T, line 34	
	_	11 11 11 11 11 11 11 11 11 11 11 11 11	Prior Year Current Year
2	8	11 ( in the same of a	7,578,924. 5,736,375.
	9	Program service revenue (Part VIII, line 2g)	415,146. 316,507.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,399,945. 170,616.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	480,365. 520,175.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,874,380. 6,743,673.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 85,673.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
n	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,339,795. 2,563,768.
2	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  467,816.	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,769,022. 4,317,622.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,108,817. 6,967,063.
		Revenue less expenses Subtract line 18 from line 12	4,765,563223,390.
ន្ទា			Beginning of Current Year End of Year
힑	20	Total assets (Part X, line 16)	71,743,177. 73,485,577.
Fund Balances		Total liabilities (Part X, line 26)	776,603. 2,028,000.
إجّ		Net assets or fund balances Subtract line 21 from line 20	70,966,574. 71,457,577.
	rt II	Signature Block	
		lities of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my knowledge and belief, it is
	•	et, and complete. Declaration of preparer (other) thanyofficer) is based on all information of which prepare	
		Land complete, occupied to the property of the financial of of the fin	9/12/13
gn		Signature of officer	Date (
gn		l' 1	,
ere	•	Type or print name and title	
_			Date One Check PTIN
id		Print/Type preparer's name ORESTE J. MOSCA, CPA  Preparer's signature CIA SE	P 11 2013   P 00366101
id		ORESTE J. MOSCA, CPA	Self-employed   P00366101
	arer	Firm's name NATHAN WECHSLER & COMPANY, P.A.	Firm's EIN ► 02-0327524
ер		Firm's address 70 COMMERCIAL STREET, SUITE 401	
ер	Only		15 CAS SSA ESEM 4
ер	Only	CONCORD, NH 03301	Phone no. 603-224-5357
ep e (			. X Yes No
e (		CONCORD, NH 03301  RS discuss this return with the preparer shown above? (see instructions)	X Yes No Form <b>990</b> (2012)

Form 990 (2012)

02-022237 Page 3 Part IV Checklist of Required Schedules

	1114 Oneckist of Negalica Schedules			<del>,</del>
	le the experience decombed to explain \$64(a)(2) or 40.47(a)(1) (athorithms a project foundation)?	Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١,	v	
•	If "Yes," complete Schedule A	1	X	┼
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	<u> </u>	<del> </del>
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		A
-+	during the tax year? If "Yes," complete Schedule C, Part II	4	х	Ì
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del> </del>
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>	<del> </del>	
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del></del> -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	x	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	1	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			•
	as applicable.		1	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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	<b></b> _	X
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		X
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			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	<del></del>
ıza	Schedule D. Parts XI and XII	400	x	İ
<b>h</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<del></del>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ţ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		i
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	}	ł	ì
	complete Schedule G, Part III	_19		<u>X</u>
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2012\

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		}	
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		х
Ь	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 pnor Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
~	Note, All Form 990 filers are required to complete Schedule O	38	$\mathbf{x}$	
	14000 F. S. T. S. T. SOO MICH SEE ENGINEER OF COMPANIE CONTROLLED CO.	_ <del></del> _	000 /	

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Form 990 (2012)

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			-,,,-
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	,	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 31		] .	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
C		1		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 92	7		
Ь		2b	X	<u> </u>
_	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 year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
D	If "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a		5a		X
b		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		- 21
6a		~		
oa	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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.		<u> </u>	
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.		İ	
а	Initiation fees and capital contributions included on Part VIII, line 12 <u>10a</u>			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i l		
40-	amounts due or received from them.)  11b  1	40-	]	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
		. 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	194		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans		ļ	
С	Enter the amount of reserves on hand	, ,	]	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	2012)

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Nο 17 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 16 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) X Own website X Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DENISE VAILLANCOURT - (603)224-9945

DEI	NISE AVITTO	NCOURT -	(603)224	<u>-994</u>	<u> </u>
5.4	DOD TO MOTITUE	ਰੂਸਤ ਦੂਸਤ	CONCORD	MH	03301

#### Form 990 (2012) 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)  Name and Title	(B) Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/trust		one th an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JANE DIFLEY	40.00			-				120 464		04 717
PRESIDENT/FORESTER	0.00	X	<del> </del> -	X				129,464.	0.	24,717.
(2) MARGO CONNORS	2.00		1							•
TRUSTEE	0.00	X						0.	0.	0.
(3) BILL TUCKER	2.00	٠,,							ا م	0
TRUSTEE	0.00	X	-				-	0.	0.	0.
(4) CAROLYN BENTHIEN	2.00	\ \ \ \		7.7			}		0	0
CHAIR	2.00	X	<del> </del> .	X				0.	0.	0.
(5) REBECCA ORESKES	2.00	X						0.	0.	0
TRUSTEE	2 00	^			_		╁	0.	U • I	0.
(6) HANK SWAN	2.00	₩.						0.	0.	٥
TRUSTEE	2 00	X	<del> </del>			$\vdash$		0.	0.	<u>0.</u>
(7) HOWARD MOFFETT	2.00	X	,					0.	0.	0
TRUSTEE	2.00	^					-	0.	0.	0.
(8) LEONARD DOWSE	2.00	X		X				0.	0.	0.
TREASURER	2.00	^		Δ		-	┢	0.	0.	
(9) BILL MCCARTEN	2.00	X						0.	0.	0.
TRUSTEE	2.00	^					<del> </del>	0.	<u></u>	<del></del>
(10) KATHARINE ENEGUESS	2.00	X						0.	0.	0.
TRUSTEE (11) BILL SMITH	2.00	1			-		l			
TRUSTEE	2.00	x						0.	0.	0.
(12) MIDGE ELIASSEN	2.00									
SECRETARY		x		x				0.	0.	0.
(13) DEANNA HOWARD	2.00									<del>"</del>
TRUSTEE		x						0.	0.	0.
(14) PAM HALL	2.00									
TRUSTEE		X						0.	0.	0.
(15) STEPHEN TAYLOR	2.00									
TRUSTEE		X						0.	0.	0.
(16) WILLIAM WEBB	2.00									
VICE-CHAIR		x		X				0.	0.	<u> </u>
(17) JACK MIDDLETON	2.00					1				
TRUSTEE		<u>x</u>						0.	0.	0.
000007 40 40 40										Form <b>990</b> (2012)

HAMPSHIRE FORESTS

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable			imated	
	hours per week					is bot or/trus		1	compensation from related			ount of	f
	(list any	į		T				from the	organizations			other oensati	οп
	hours for	a e			l	E		organization	(W-2/1099-MIS	- 1	•	om the	
	related	stee o	rustee		_	pensa		(W-2/1099-MISC)			-	inizatio	
	organizations below	ual tru	ional		ploye	t com	١.					related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatıor	ıs
(18) MALIN CLYDE	0.00		-		_								
TRUSTEE		X						0.		0.			0.
		-	ļ	_		-	<u> </u>						
		-											
					_								
							_						
·	1				ļ		_						
								,					
		ł											
1b Sub-total						<b>&gt;</b>		129,464.		0.	24	,71	7.
c Total from continuation sheets to Part VI	I, Section A					$\blacktriangleright$		0.		0.			0.
						<u> </u>		129,464.		0.	24	,71	<u>7.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no r	eceived more than \$100	,000 of reportable	!			4
compensation from the organization	<del></del>											Yes I	No T
3 Did the organization list any former officer,	director or tri	ıntor	. ka		مامم		٥,	highest compensated or	molovoo on	Г	-	res i	40
line 1a? If "Yes," complete Schedule J for s		SICO		-		-		riigilest compensated ei	ripioy <del>ee</del> or		3		X
4 For any individual listed on line 1a, is the su		e co				and		 her compensation from t	he organization	ı	-		
and related organizations greater than \$150									<b>g</b>		4		X
5 Did any person listed on line 1a receive or a			•						dual for services	Ī			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch j	oers	on					5		X
Section B. Independent Contractors								···	· · · · · · · · · · · · · · · · · · ·				
Complete this table for your five highest co	-								=	ensa	ation fr	om	
the organization Report compensation for	the calendar y	ear e	endir	ng w	/ITN (	or w	itnir		ear.				
(A) Name and business	address							( <b>B</b> ) Description of s	ervices	C	(C) ompen	sation	
RANSMEIER & SPELLMAN, ON	CAPITO	)L	SI	RE	Œ	<u> </u>	1						_
BOX 600, CONCORD, NH 0330								LEGAL SERVIC	ES	_	160	,91	3.
							-						
							$\dashv$						
2 Total number of independent contractors (ii	ncludina but n	ot lir	nrted	d to	thos	se lis	sted	d above) who received m	ore than		,	•	
\$100,000 of compensation from the organization	-				1	<u> </u>							-
											-om 9	90 (20	12)

# SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (D) Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns .... 1a **b** Membership dues 1b 395,304 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 397,957 f All other contributions, gifts, grants, and similar amounts not included above 4,943,114 584.799 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 5,736,375 **Business Code** 2 a FOREST OPERATIONS 113310 231,728. 231,728 b REIMBURSEMENT FOR SERVICES 84,779 611699 84,779 f All other program service revenue g Total. Add lines 2a-2f 316 507 Investment income (including dividends, interest, and other similar amounts) . . . .. 207,872 207,872. Income from investment of tax-exempt bond proceeds 5 Royalties . ... (i) Real (ii) Personal 6 a Gross rents 294,761 b Less: rental expenses 0 c Rental income or (loss) 294,761. d Net rental income or (loss) 294,761 294,761. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 5,009,012 176,566 b Less: cost or other basis and sales expenses 4,919,169 303,665 c Gain or (loss) 89,843. -127,099 d Net gain or (loss) . -37,256, -37,256. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 345,097 **b** Less: cost of goods sold \_ \_ \_ 126,655 ь c Net income or (loss) from sales of inventory 218,442 16 014 202 428 ▶ Business Code Miscellaneous Revenue 11 a MISCELLANEOUS 900099 6.972 6,972 d All other revenue e Total. Add lines 11a-11d ... 6,972 Total revenue See instructions. 6 743 673 339,493, 202,428 465 377. 232009 12-10-12 Form **990** (2012)

SOCIETY FOR THE PROTECTION OF NEW 02-0222237 Page 10 HAMPSHIRE FORESTS Form 990 (2012) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to governments and 85,673. organizations in the United States. See Part IV, line 21 85,673. Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 118,773. 164,532. 28,341. 17,418. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,896,762. 1,400,297. 225,733. 270,732. 7 Other salaries and wages Pension plan accruals and contributions (include 9,203. section 401(k) and 403(b) employer contributions) 56,177. 39,109. 7,865. Other employee benefits ... 291,238. 195,493. 55,452. 40,293. 9 21,767. 155,059. 108,843. 24,449. Payroll taxes 10 Fees for services (non-employees): 11 Management 202,924. 202,924. b Legal ... 22,343. 22,343. c Accounting ... Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 510,774. 391,319. 17,939. 26,101. 101,516. column (A) amount, list line 11g expenses on Sch O.) 87,045. 113,146. 12 Advertising and promotion 133,298. 73.174. 29,691. 30,433. 13 Office expenses 14 Information technology 15 Royalties ..... Occupancy . 16 86,921. 86,921. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 26,716. 7,402. 14,405, 4,909. Conferences, conventions, and meetings 19 1,838. 1,838. 20 Payments to affiliates ... 21 194,308. 15,094 210,137 735. 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,386,650. 2,386,650. a CONSERVATION EASEMENTS

17,035.

1,280.

11,309.

467,816.

612.

10,653.

610,094.

4,513.

e All other expenses

ь BUILDING AND GROUNDS

c LAND TRANSACTION ASSIST

d PROGRAM AND EVENT EXPEN

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here if following SOP 98-2 (ASC 958-720)

353,904

150,430.

67,306.

51,235.

6,967,063.

336,257.

150,430.

55,373.

35,413.

5,889,153.

HAMPSHIRE FORESTS

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 3,842. Cash - non-interest-bearing 0. 1 1 2,066,599. 2 2,311,576. 2 Savings and temporary cash investments 268,722. 160,229. 3 Pledges and grants receivable, net 3 1,112,392. 37,008. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 7 Notes and loans receivable, net 511,342 506,370. inventories for sale or use 25,762. 31,080. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 61,316,810. basis. Complete Part VI of Schedule D 10a 3,589,433. 56,631,644. 10c 57,727,377. 10b b Less: accumulated depreciation 11,070,547. 12,041,484. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 159,344 563,436. 15 Other assets. See Part IV, line 11 15 73,485,577. 71,743,177 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 229,367. 107,461. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 547,236. 1,507,750. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 412,789. 0. Schedule D 776,603. 2,028,000. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 8,111,276. 8,947,755. 27 27 Unrestricted net assets 2,716,927. 4,951,699. 28 28 Temporanly restricted net assets 60,138,371. 57,558,123. 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 70,966,574 71,457,577. 33 33 Total net assets or fund balances 73,485,577. 71,743,177 Total liabilities and net assets/fund balances

SOCIETY FOR THE PROTECTION OF NEW

Form	990 (2012) HAMPSHIRE FORESTS	02-0	222237	Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · ·	•		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,96		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22	<u>3,3</u>	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,96	6,5	74.
5	Net unrealized gains (losses) on investments	5			97.
6	Donated services and use of facilities	6		<u>8,0</u>	58.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	8,4	38.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) .	10	71,45	<u>7,5</u>	77.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				لتيا
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	-	2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	3a		x

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

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

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

QUIZ
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW

Employer identification number

		HAMPSHI	RE FORESTS						0	2-0222237	7
Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.			
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i	).			
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
з 🗔	A hospital or	a cooperative hosp	rtal service organization	described	ın section	170(b)(1)	(A)(iii).				
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	)(b)(1)(A)(i	ii). Enter	the hospital's nar	ne,
	city, and stat	te:									
5 🔲	An organizat	on operated for the	benefit of a college or un	niversity o	wned or o	perated by	a govern	mental un	t describ	oed in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)								
6 🗀	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	on 170(b)(	1)(A)(v).				
7 🗓	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public described	in
	section 170	<b>b)(1)(A)(vi).</b> (Comple	ete Part II)								
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 📖	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembershi	p fees, a	ınd gross receipts	from
	activities rela	ted to its exempt ful	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33	1/3% of its	suppor	t from gross inves	tment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June 30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)								
10			perated exclusively to te								
11 📖	An organizat	ion organized and of	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes of one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See <b>se</b> d	ction 509(	<b>a)(3).</b> Ch	eck the box that	
			organization and compl								
	a Type			ype III - Fu	-	-				n-functionally inte	-
e	-		at the organization is not								
		-	han one or more publicly						9(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check th				•		•	-		لـــا
9	-		organization accepted ar	-							<del></del>
			lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ii) and (	ııi) below		No
	•	• •	upported organization?							11g(i)	<u> </u>
	• •	*	n described in (i) above?							11g(ii)	-
	• •	•	person described in (i) o						•••	11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)						
				<u> </u>		<del></del>	<del></del>	/ 21-			
(i) Name	of supported	(ii) ElN	(iii) Type of organization			(v) Did you		Torganizatio	on in col.	(vii) Amount of mo	netary
orga	nization			in col. (i) la governing				(i) organiz U.S	ed in the	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
		<u> </u>		165		163	140	163	140		
								ļ			
				}	]			}	}		
		<u> </u>		<b> </b>							
									ļ		
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			, .		·,					· · · · · · · · · · · · · · · · · · ·	
		i	ı		1			1	1		

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

Schedule A (Form 990 or 990-EZ) 2012

Part II | 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	8459695.	8366615.	5813903.	7578924.	5736375.	35955512.
2	Tax revenues levied for the organ-						
_	ization'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	0450605	0266615	E012002	7570004	F72C27F	25055512
	Total. Add lines 1 through 3	8459695.	8366615.	5813903.	7578924.	5/363/3.	<u>35955512.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			• .			
6	Public support. Subtract line 5 from line 4		,				<u>35955512.</u>
Sec	ction B. Total Support					<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	<b>(f)</b> Total
7	Amounts from line 4	8459695.	8366615.	5813903.	7578924.	5736375.	35955512.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	347,901.	515,233.	545,887.	575,905.	465,377.	2450303.
9	Net income from unrelated business		<u> </u>				
,	activities, whether or not the						
	·					10,568.	10,568.
40	business is regularly carried on		<u> </u>			10,300.	10,300.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						38416383.
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,					12	339,493.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. □
<u> </u>	organization, check this box and stop					<del></del>	
	ction C. Computation of Publ				<del> ,</del>	—γ	02 50
	Public support percentage for 2012 (i			olumn (f)) .		14	93.59 %
	Public support percentage from 2011				· · · · · · · · · · · · · · · · · · ·	15	92.02 %
16a	33 1/3% support test - 2012. If the c				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies					•	►X
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	<mark>ere.</mark> Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a j	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation, If the organization						s
						dule A (Earm 990	

# Schedule A (Form 990 or 990 EZ) 2012 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
availfused with a topte letted below places complete Part II \

Se	ction A. Public Support	ciow, picase com	piete i dit ii.j		<del></del>		
Cal	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<del></del>
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				<u></u>		
Se	ction B. Total Support		<del>,</del>		···		
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12)	41		d Samuela - 1884			
14	First five years. If the Form 990 is for	tne organization's	s tirst, second, thir	a, iourth, or tirth ta	ex year as a section	on out (c)(3) organiza	ation,
Sec	check this box and stop here ction C. Computation of Publi	c Support Pe	rcentage	<del></del>	<del>:</del>	_ ··_• • •	
_	Public support percentage for 2012 (lii			olumn (fl)		15	
	Public support percentage from 2011			0,4,1,11 (1)/	• ••• •	16	<u>/</u> %
	ction D. Computation of Inves			<del></del>	<u>-</u> -	<u> </u>	
	Investment income percentage for 20°			e 13. column (f)		17	%
	Investment income percentage from 2	•		-,		18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	15 is more than		
	more than 33 1/3%, check this box an						. ▶□
b	33 1/3% support tests - 2011. If the						ınd
_	line 18 is not more than 33 1/3%, check						. ▶□
20	Private foundation. If the organization						

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.			
		FOR THE PROTECT	ION OF NEW	Emp	loyer identification number
	HAMPSH1	RE FORESTS			02-0222237
Pa	rt I-A Complete if the or	ganization is exempt und	ler section 501(c	or is a section 527 of	organization.
3	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic ganization is exempt unc	· ·	<b> </b>	<b></b>
	Enter the amount of any excise tax			<u>/(∪/·</u>	<u> </u>
	Enter the amount of any excise tax			• ••	· <del></del>
	If the organization incurred a section			·	Yes No
	Was a correction made?				Yes No
b	off "Yes," describe in Part IV	•			
Pa	rt I-C Complete if the or	ganization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities . >	\$
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditure	s. Add lines 1 and 2 Enter here a	and on Form 1120-POI	<b>-</b>	
	line 17b			<b>▶</b> :	\$ <u></u>
4	Did the filing organization file Form				L Yes L No
5	Enter the names, addresses and e				
	made payments. For each organization	ation listed, enter the amount par	d from the filing organ	ization's funds. Also enter t	he amount of political
	contributions received that were political action committee (PAC). If				are segregared fund or a
			7		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	
				·	delivered to a separate
					political organization If none, enter -0
				<del> </del>	
		1			

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

Schedule C (Form 990 or 990-EZ) 2012

### SOCIETY FOR THE PROTECTION OF NEW

Schedule C (Form 990 or 990-EZ) 2012	<u>HAMPSHIRE F</u>	ORESTS	· · · - · · · · · · · · · · · · · · · ·		0222237 Page 2
Part II-A Complete if the org		mpt under secti	on 501(c)(3) and file	ed Form 5768	
(election under sec			<del></del>	<del></del>	
• •	_		in Part IV each affiliated	group member's nar	ne, address, EIN,
	re of excess lobbying	•	•		
B Check ► L J if the filing organiza	ition checked box A ar	nd "limited control" p	rovisions apply.	(-) Elma	/I. A ACCUMANT AND AND AND AND AND AND AND AND AND AND
Limi	its on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" means amou	ints paid or incurred	i.)	totals	10.14.10
1a Total lobbying expenditures to infl	uence public opinion (	arass roots lobbying			
b Total lobbying expenditures to infl			' ·	<del></del>	
c Total lobbying expenditures (add I	<del>-</del>	2) (dii 00t 1022) (11g)			
d Other exempt purpose expenditur	, .				
e Total exempt purpose expenditure		n			
f Lobbying nontaxable amount Ent			oth columns		-
If the amount on line 1e, column (a) of		bying nontaxable ar			
Not over \$500,000		the amount on line 1			
Over \$500,000 but not over \$1,00	<del></del>		cess over \$500,000.		
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17		<del></del>	cess over \$1,500,000		
Over \$17,000,000	\$1,000,0				
	<u> </u>				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c If zero	o or less, enter -0-				
j If there is an amount other than ze	ero on either line 1h or l	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year? .				Yes No
	4-Year Ave	raging Period Unde	er Section 501(h)		
			on do not have to comp		
co	olumns below. See the	e instructions for lir	nes 2a through 2f on pa	ge 4.)	
	Lobbying Exper	ditures During 4-Yo	ear Averaging Period		
Colondovinos					
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	-				
(150% of line 2a, column(e))					
c Total lobbying expenditures					ļ
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))			· · ·		
			1		1

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 HAMPSHIRE FORESTS 02-0222237 Page 3

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)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(	b)
	e lobbying activity.	Yes	No	Am	ount
1	Dunng 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	***		X	_	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?	X			<u>2,250.</u>
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X	<u> </u>	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5:	<u>1,529.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	_	
i	Other activities?	X			3,000.
j	Total Add lines 1c through 1i			50	<u>6,779.</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	(5), or s	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	_	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	_	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	5), or s	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members	•	. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5		
	t IV Supplemental Information	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>'</del>	
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-B, line 1. Also, complete this part for any additional information	art II-A (affilia	ited grou	p list), Part II	-A, line 2;
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	FOREST SOCIETY LOBBIES STATE ELECTED OFFICIALS IN	CONCO	RD,	NH AND	
					<del></del>
OUI	R FEDERAL DELEGATION IN WASHINGTON. THERE ARE TWO	STAFF	MEMB	ERS WHO	<u> </u>
<u>ALI</u>	LOCATE TIME TO LOBBYING, AND MOST OF THAT TIME IS S	SPENT L	OBBY	ING	
STA	ATE LEGISLATORS ON BEHALF OF THE FOREST SOCIETY'S I	POSITIO	N ON		
SPI	ECIFIC PIECES OF LEGISLATION INTRODUCED. THE STATE	E LEGIS	LATU	RE MEE	rs
		Schedul	e C (For	m 990 or 990	0-EZ) 2012

### SOCIETY FOR THE PROTECTION OF NEW

Schedule C (Form 990 or 990-EZ) 2012 HAMPSHIRE FORESTS  Part IV   Supplemental Information (continued)	02-022223	7 Page 4
June 14 Supplemental unformation (continued)		
FROM JANUARY TO JUNE EACH YEAR. MOST OF THE TIME SPENT	LOBBYING BY	
THE ORGANIZATION'S STAFF IS WITHIN THESE SIX MONTH SESSIO	NS. THE	-
FOREST SOCIETY LOBBIES SPECIFICALLY ON BILLS RELATING TO	FORESTRY,	
WATER QUALITY, AIR QUALITY, LAND CONSERVATION AND GROWTH	MANAGEMENT.	
<del></del>		
		-
		<del></del>

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Employer identification number 02-022237

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	X Protection of natural habitat	Preservation of a certi	
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a 801
b	Total acreage restricted by conservation easements	~	2b 133,199.00
С	Number of conservation easements on a certified historic stri	ucture included in (a)	. 2c 1
ď	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d 0
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ► 3	· · · · · · · · · · · · · · · · · · ·	
4	Number of states where property subject to conservation eas	sement is located > 2	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	unng the year ▶ 7804
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		X Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	libition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Develope mellided in Form 000, Best VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1		
а			• \$
b	Assistant and advantage and Park V		. ▶ \$

#### SOCIETY FOR THE PROTECTION OF NEW

<u>Sche</u>	dule D (Form 990) 2012 HAMPSHII	KE FORESTS					<u> </u>	<u>44445                                 </u>	Page 2
Pai	rt III   Organizations Maintaining C	ollections of A	t, Historical Tr	easures,	or Oth	er Simi	ilar Ass	ets/continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	at are a s	ignifican	t use of its	s collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizati	on's exe	empt purj	oose in Pa	art XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		•		Yes	No No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered	"Yes" to	Form 99	0, Part IV	, line 9, or	
	reported an amount on Form 990, Par								
1a	is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other as	sets not	included	<b>.</b> –	_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
								Amount	
	Beginning balance					1c	<del> </del>		
đ	Additions during the year	• • •				1d	ļ		
е	Distributions during the year	•				<u>1e</u>	ļ	<u> </u>	
f	Ending balance					1f	<u> </u>		
	Did the organization include an amount on Fo						L	Yes	X No
	If "Yes," explain the arrangement in Part XIII.							<del>- · · · · · · · · · · · · · · · · · · ·</del>	
Par	TV Endowment Funds. Complete if							1	
	-	(a) Current year	(b) Prior year	(c) Two year			years back		ears back
1a	Beginning of year balance	11,271,792.	11,038,858.	10,57	0,195.	_	360,551	i	
b	Contributions	666,663.	851,865.				684,779	1	
С	Net investment earnings, gains, and losses	1,012,361.	247,799.	1,14	4.018.	<u> </u>	792,073	<u>. -</u>	
d	Grants or scholarships							ļ	
е	Other expenditures for facilities								
	and programs	859,468.	818,350.	61	8,254.	5.	215,273		
f	Administrative expenses	49,864.	48,380.		7,101.		51,935		
g	End of year balance	12,041,484.	11,271,792.	11,03	8,858.	10,	570,195		
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	)) held as					
а	Board designated or quasi-endowment	25.77	_%						
b	Permanent endowment ► 53.00	%							
C	Temporarily restricted endowment ▶2:	1.23%							
	The percentages in lines 2a, 2b, and 2c shou	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administe	red for t	he organ	ization		<del></del>
	by:							T	es No
	(i) unrelated organizations		••					3a(i)	X
	(ii) related organizations	•		•		• •		3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations							. <u>3</u> b	
4	Describe in Part XIII the intended uses of the							<del> </del>	
Par	t VI Land, Buildings, and Equipm						[		<del></del>
	Description of property	(a) Cost or of	1 '			ccumula	ı	(d) Book	value
		basis (investr		(other)	ae	preciatio		- 4 204	-035
	Land			4,235.		160		54,394	
	Buildings			1,323.		<u>462,6</u>		2,748	
	Leasehold improvements			6,521.		<u> 295, 6</u>			<u>,867.</u>
	Equipment			2,748.		<u>468,6</u> 362.4			<u>,103.</u>
Δ.	Other	1	1 43	1.983.		304.4	トプロー	69	.485.

► 57,727,377. Schedule D (Form 990) 2012

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

SOCIETY FOR THE PROTECTION OF NEW

Schedule D (Form 990) 2012 HAMPSHIRE FORESTS		02-0222237 Page	<u> </u>
Part XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per F	Return	
1 Total revenue, gains, and other support per audited financial statements		1 7,556,283	3.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains on investments	2a 677,897.	<u>.</u>	
<b>b</b> Donated services and use of facilities	2b 8,058.		
c Recovenes of prior year grants	2c		
d Other (Describe in Part XIII.)	2d 126,655.		
e Add lines 2a through 2d		2e 812,610	<u>) .</u>
3 Subtract line 2e from line 1		3 6,743,673	<u>3.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
<b>b</b> Other (Describe in Part XIII.)	4b	1	
c Add lines 4a and 4b			<u>).</u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·	5 6,743,673	<u>3.</u>
Part XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	Return	
1 Total expenses and losses per audited financial statements		1 7,065,280	<u>).</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	. 2a	]	
<b>b</b> Prior year adjustments	2b	<u> </u>	
c Other losses	2c		
d Other (Describe in Part XIII )	2d 98,217.		
e Add lines 2a through 2d		2e 98,217	<u> </u>
3 Subtract line 2e from line 1		3 6,967,063	3.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII )	4b	]	
c Add lines 4a and 4b		4c 0	).
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 6,967,063	<u>}                                    </u>
Part XIII 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 1	b and 2b; Part V, line 4, Part	t
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
PART II, LINE 3: ALL THREE EASEMENTS WERE MO		VEREN'T ANY	
	-	· · · · · · · · · · · · · · · · · · ·	_
TRANSFERS OR RELEASES. TWO WERE CHANGED IN	ORDER TO ADD ACR	REAGE, AND ON	
			_
THE OTHER A RESERVED RIGHT TO WITHDRAW ACRE	AGE WAS EXERCISED	) <b>.</b>	
			_
PART II, LINE 9: PURCHASED CONSERVATION EASI	EMENTS ARE EXPENS	SED IN THE	
YEAR THEY ARE PURCHASED AND ARE INCLUDED IN	THE EXPENSES FOR	THE LAND	
			_
PROTECTION PROGRAM. THE VALUE OF DONATED (	CONSERVATIONS EAS	SEMENTS, FOR	
			_
WHICH A VALUE HAS BEEN ESTABLISHED, IS LIST	ED IN SCHEDULE M	OF THIS	
			_
RETURN.			

PART V, LINE 4: FUNDS LISTED AS ENDOWMENT FUNDS ON THIS RETURN INCLUDE

TRUE PERMANENTLY RESTRICTED FUNDS, THREE TEMPORARILY RESTRICTED FUNDS 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 WHICH THEY ARE INTENDED. TEMPORARILY

RESTRICTED ENDOWMENT INCLUDES \$1,159,208 OF INVESTED TEMPORARILY

RESTRICTED FUNDS AND \$1,692,304 OF THE PORTION OF PERPETUAL ENDOWMENT

FUNDS SUBJECT TO TIME RESTRICTION UNDER UPMIFA AT APRIL 30, 2013. THE

UNRESTRICTED FUNDS ARE SUBJECT TO THE FOREST SOCIETY'S SPENDING POLICY TO

SUPPORT OPERATIONS BUT ARE ALSO AVAILABLE FOR THE ORGANIZATIONAL USES

SUBJECT TO THE BOARD OF TRUSTEE APPROVAL. THE UNRESTRICTED ENDOWMENT ALSO

INCLUDES CHARITABLE GIFT ANNUITIES INCLUDED IN INVESTMENTS AMOUNTING TO

\$555,596 AT APRIL 30, 2013.

PART X, LINE 2: THE FOREST SOCIETY IS A NOT-FOR-PROFIT ORGANIZATION AS

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE)

WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DESCRIBED BY SECTION 512(A)(1)

OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE FOREST SOCIETY PAYS A

NOMINAL AMOUNT OF TAX RELATING TO UNRELATED BUSINESS ACTIVITIES, PRIMARILY

FROM GIFT SHOP AND CHRISTMAS TREE SALES.

THE FOREST SOCIETY HAS ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, MANAGEMENT HAS EVALUATED THE

FOREST SOCIETY'S TAX POSITIONS AND CONCLUDED THE FOREST SOCIETY HAD

MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS

THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH

Schedule D (Form 990) 2012 Part XIII   Supplemental Inform	SOCIETY FOR THE PROTEC HAMPSHIRE FORESTS nation (continued)	TION OF NEW	02-0222237 Page 5
FEW EXCEPTIONS, THE	FOREST SOCIETY IS NO L	ONGER SUBJECT TO	INCOME TAX
EXAMINATIONS BY THE	U.S. FEDERAL OR STATE	TAX AUTHORITIES F	OR YEARS BEFORE
2010.			
PART XI, LINE 2D - 0	THER ADJUSTMENTS:		
COST OF INVENTORY SA	LES		126,655.
PART XII, LINE 2D -	OTHER ADJUSTMENTS:		
COST OF GOODS SOLD			126,655.
CHANGE IN PRESENT VA	LUE OF ANNUITIES		-28,438.
TOTAL TO SCHEDULE D	PART XII, LINE 2D		98,217.
·			
			<del> </del>

Grants Complete if the organiza Governm 1 Does the organization maintain records to substantiate the amount of the gra SOCIETY FOR THE PROTECTION HAMPSHIRE FORESTS General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part I

criteria used to award the grants or assistance?

	OMB No 1545-004/
and Other Assistance to Organizations, sents and Individuals in the United States	2012
	1
ation answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
► Attach to Form 990.	Inspection
OF NEW Employe	Employer identification number 02-022237
ants or assistance, the grantees' eligibility for the grants or assistance, and the selection	\ \frac{1}{4}
•	_

2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant i	of grant funds in the United States	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. C	omplete if the orga	nization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							QUABBIN TO CARDIGAN
FIVE RIVERS CONSERVATION TRUST							PARTNERSHIP GRANT FOR
31 WARREN ST							LAND PROTECTION
CONCORD, NH 03301	02-0427594	50103	22,219.	0			TRANSACTION
							QUABBIN TO CARDIGAN
HARRIS CENTER FOR CONSERVATION							PARTNERSHIP GRANT FOR
EDUCATION - 83 KINGS HWY -							LAND PROTECTION
HANCOCK, NH 03449	23-7085105	501C3	11,985.	0			TRANSACTION
							QUABBIN TO CARDIGAN
MONADNOCK CONSERVANCY							PARTNERSHIP GRANT &
15 EAGLE COURT 2ND FLOOR, PO BOX 31							SNELLING FUND GRANT FOR
KEENE, NH 03431	22-3030420	501C3	37,689.	0.			LAND PROTECTION
							DUABBIN TO CARDIGAN
FRANCESTOWN CONSERVATION				-			PARTNERSHIP GRANT FOR
COMMISSION - P.O. BOX 5 -							LAND PROTECTION
FRANCESTOWN, NH 03043		N/A	9,297.	0			TRANSACTION
						,	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	e line 1 table				4
the state of the s	The state of the s	4.1.1.					

3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

SOCIETY FOR THE PROTECTION OF NEW

Schedule | (Form 990) (2012) HAMPSHIRE FORESTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Gran be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information SCHEDULE I, PART I, LINE 2: THE FOREST SOCIETY RECEIVES GRANTS FOR THE	rovide the information FOREST SOCI	nation required in Part I, line 2, P	ine 2, Part III, column (b), and VES GRANTS FOR	(b), and any other additional inf	ormation
QUABBIN TO CARDIGAN PARTNERSHIP TO	FUND	OTHER GRANTS	THA	AWARDED	
THROUGH A COMPETITIVE APPLICATION PROCES	PROCESS.	GRANTS A	GRANTS ARE AWARDED TO COVER	TO COVER	
TRANSACTION COSTS INCURRED FOR COM	PLETING I	AND PROTE	FOR COMPLETING LAND PROTECTION PROJECTS.	ECTS. THE	
GRANTS REIMBURSE THE AWARDEE ORGANIZATION FOR MONIES	IIZATION	OR MONIES	ALREADY SPENT	PENT TO	
COMPLETE PROJECTS. COPIES OF PAID	INVOICES MUST	BE	SUBMITTED	BEFORE FUNDS	
ARE DISBURSED TO THE GRANTEE.					

232102 12-18-12

## SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Employer identification number 02-022237

Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable rtems contributed Form 990, Part VIII, line 1g Art · Works of art Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles .... 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests . . Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 325,000. APPRAISAL X Real estate - Residential . . . . . 15 Real estate - Commercial . . . ... 16 259,799. APPRAISAL X Real estate - Other ... .. 17 Collectibles ... 18 19 Food inventory Drugs and medical supplies .. 20 Taxidermy 21 22 Historical artifacts Scientific specimens ... 23 Archeological artifacts ... .. 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes\_ No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a X the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? ....... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? .. . . . b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) (2012)

describe in Part II.

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Employer identification number 02-022237

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MOST IMPORTANT LANDSCAPES AND PROMOTE THE WISE USE OF ITS NATURAL

RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 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 OF THE FOREST SOCIETY'S POSITION ON SPECIFIC PIECES OF LEGISLATION INTRODUCED. THE STATE LEGISLATURE MOST OF THE TIME SPENT LOBBYING MEETS FROM JANUARY TO JUNE EACH YEAR. BY THE ORGANIZATION'S STAFF IS WITHIN THESE SIX MONTH SESSIONS. FOREST SOCIETY LOBBIES SPECIFICALLY ON BILLS RELATING TO FORESTRY, WATER QUALITY, AIR QUALITY, LAND CONSERVATION AND GROWTH MANAGEMENT. INCLUDING GRANTS OF \$ 0. REVENUE \$ 104. EXPENSES \$ 195,727.

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 FY2013

STAFF COMPLETED WORK ON A NEW LANDSCAPE-SCALE STRATEGIC CONSERVATION

PLAN FOR THE LOWER MERRIMACK RIVER WATERSHED.

EXPENSES \$ 72,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE FOREST SOCIETY AMENDED ITS

BYLAWS DURING THE YEAR. MOST OF THE CHANGES TO THE BYLAWS WERE TO BETTER

ORGANIZE THEM OR FURTHER CLARIFY ALREADY EXISTING PROVISIONS. SIGNIFICANT

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CHANGES INCLUDE THE PRESIDENT/FORESTER WAS MADE A VOTING MEMBER OF THE
BOARD, BOARD TERMS WERE CHANGED SO THAT AFTER ONE YEAR OFF THE BOARD A
FORMER BOARD MEMBER CAN BE ELECTED ONTO THE BOARD AGAIN, THE BOARD CHAIR

CAN REMAIN ON THE BOARD AFTER SERVING THEIR TERM AS CHAIR AND THEIR TERM ON
BOARD IS EXTENDED BY THE NUMBER OF YEARS THEY SERVED AS CHAIR,

PARTICIPATION IN MEETINGS VIA ELECTRONIC MEANS WAS DEFINED INCLUDING IN
REGARDS TO ESTABLISHING A QUORUM, AN ARTICLE WAS ADDED GOVERNING

COMPENSATION FOR TRUSTEES AND OFFICERS, AND SECTIONS ON CONFLICT OF
INTEREST AND DISSOLUTION WERE ADDED.

FORM 990, PART VI, SECTION A, LINE 6: THE FOREST SOCIETY IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT CURRENTLY HAS 10,404 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE BOARD

SECRETARY AT THEIR ANNUAL MEETING. THE CANDIDATE FOR BOARD SECRETARY IS

RECOMMENDED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD'S AUDIT COMMITTEE REVIEW

THE 990 AND THE 990-T IN DETAIL AT A COMMITTEE MEETING. ONCE THE COMMITTEE

IS SATISFIED THAT THE FORMS ARE COMPLETE, THEY ARE FORWARDED TO THE BOARD'S

EXECUTIVE COMMITTEE FOR REVIEW, APPROVAL, AND AUTHORIZATION FOR STAFF TO

FILE THEM. THE FULL BOARD REVIEWS THE FORMS AND RATIFIES THE EXECUTIVE

COMMITTEE VOTES AT THEIR NEXT REGULARLY SCHEDULED MEETING WHICH IS HELD

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY OUR TRUSTEES ARE ASKED TO

SIGN A FORM ABOUT ANY POTENTIAL CONFLICTS. IN ADDITION TO FILLING OUT THE

FORM, THE PROCESS REMINDS TRUSTEES ABOUT OUR POLICY WHEN POTENTIAL TRUSTEES

322212
Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 02-022237

ARE ASKED TO CONSIDER JOINING THE BOARD, THEY ARE GIVEN THE "ROLES AND RESPONSIBILITIES" DOCUMENT WHICH OUTLINES OTHER 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 THE NH ATTORNEY GENERAL'S OFFICE GUIDEBOOK FOR NH CHARITABLE NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT/FORESTER (CEO) IS THE ONLY OFFICER WHO IS PAID. THE COMPENSATION FOR THE CEO IS SET BY THE BOARD OF TRUSTEES AFTER A PROCESS OF REVIEW BY BOTH A SUB-COMMITTEE APPOINTED BY THE CHAIR AND THE FULL BOARD. PERIODICALLY, SALARIES OF OTHER NON-PROFIT CEO'S ARE REVIEW FOR COMPARISON. THE CEO PROVIDES ANNUAL GOALS AND A SELF-EVALUATION. THE BOARD CHAIR SUMMARIZES THE DELIBERATIONS OF THE BOARD IN A LETTER TO THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS FOR THE MOST

CURRENT THREE YEARS ARE AVAILABLE ON THE FOREST SOCIETY'S WEBSITE OR BY

REQUESTING COPIES FROM THE VICE PRESIDENT, FINANCE. THE ORGANIZATION'S

BYLAWS, WHICH INCLUDE A CONFLICT OF INTEREST STATEMENT, ARE ALSO AVAILABLE

ON THE FOREST SOCIETY'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PRESENT VALUE OF ANNUITIES 28,438.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEARS.