Form **990**

Department of the Treasur 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 private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

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		applicable	endar year, or tax year beginn C Name of organization)16	D Emple	oyer id	entification number
☐ Add			SOCIETY FOR THE PROTECTION O HAMPSHIRE FORESTS	F NEW		02-0	22223	37
┌ _{Nar}	ne cha	ange	Doing business as			-		
┌ Inıt	ıal retu	ım	,			E Talauk		l
_ Fina			Number and street (or P O box if 54 PORTSMOUTH STREET	mail is not delivered to street address) Room/s	suite	E Teleph		
_		minated		(603) 224-	9945		
_		return	City or town, state or province, co CONCORD, NH 03301	untry, and ZIP or foreign postal code		G Gross	receipts	s \$ 11,799,325
J App	lication	n pending			_			
			F Name and address of pr JANE A DIFLEY	incipal officer		his a grou <mark>j</mark> ordinates?		n for
			54 PORTSMOUTH STREE	г		all subord		
			CONCORD,NH 03301		incl	uded?		, ,
	k-exem	npt status	▼ 501(c)(3)	(insert no)				(see instructions)
		<u> </u>	W FORESTSOCIETY ORG	(110010110)	H(C) Gr	oup exemp	tion ni	ımber 🟲
			Corporation Trust Associat	on Cother ►	L Year of	formation 1	901 I	M State of legal domicile NH
Pa	rt I		mary	n or most significant activities				
Governance		Check th	ıs box দ ıf the organization d	scontinued its operations or disposed	of more than	25% of its	net a:	ssets
		N	. 6 b	our hady (Dawh) (T. Line da)			٦	l 10
es es				ning body (Part VI, line 1a) of the governing body (Part VI, line 1b			3	18
Activities &				calendar year 2015 (Part V, line 2a)			5	95
Act				necessary)			6	351
	7 a ⊺	Total unr	elated business revenue from F	Part VIII, column (C), line 12			7a	228,488
	ЬΝ	et unrela	ted business taxable income fi	om Form 990-T, line 34			7b	49,622
					Pr	ior Year		Current Year
g)	8		butions and grants (Part VIII,	•		6,063		6,869,499
in in	9	_	m service revenue (Part VIII,		532		431,143	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).				- 1	628	,636	385,335
Revenue				\ \lines 5 6d 8c 9c 10c and 11e\	·	412	268	484 694
Нэус	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1. (must equal Part VIII, column (A.), li		412		484,694
Reve		Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), li		412 7,636		
Reve	11	Other Total (12) Grants	revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Pai	1 (must equal Part VIII, column (A), li	ne	7,636		8,170,671
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	11 12 13 14 15 16a b 17 18	Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, employed) assonal fundraising fees (Part IX) andraising expenses (Part IX, column (A) expenses Add lines 13–17 (mexpenses Add lines	1 (must equal Part VIII, column (A), lint IX, column (A), lines 1-3) IX, column (A), line 4) vee benefits (Part IX, column (A), lines X, column (A), line 11e) D), line 25) 553,457 , lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 25)		7,636 72 2,539 2,156 4,768	,826 ,513 0 ,686 0 ,414	8,170,671 227,710 0 2,777,166 0 3,663,786
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CONCORD, NH 03301

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

. ✓ Yes 厂No

Form	990 (2015)					Page 2
Par	t IIII Statement of Progr	am Service A	ccomplishm	ents		
	Check if Schedule O con	taıns a response	or note to any li	ne in this Part III .		
1	Briefly describe the organizatio	n's mission				
	SOCIETY FOR THE PROTECTION ORTANT LANDSCAPES AND PR					HE STATE'S MOST
2	Did the organization undertake the prior Form 990 or 990-EZ?					⊤Yes √No
	If "Yes," describe these new se	rvices on Schedu	ıle O			
3	Did the organization cease cond services?				s, any program	⊤Yes ▼No
4	Describe the organization's progexpenses Section 501(c)(3) at the total expenses, and revenue	gram service acc nd 501(c)(4) orga	anizations are re	quired to report the a		
4a	(Code) (Expe	enses \$	1,191,591 ıncludır	ng grants of \$) (Revenue \$	308,071)
	PROPERTY MANAGEMENT THE SOCII FY2016 WE COMPLETED SEVEN TIMB TIME AND TALENT OF 236 VOLUNTEE OVER 4,000 CHRISTMAS TREES AND PRIVATE TOURS WE SAW OVER 700 SCHOOL WAS WELL ATTENDED BY ALL THROUGHOUT THE YEAR BRETZFELD 25 PEOPLE PER PROGRAM	ER SALES HARVESTIN RS IN TRAIL AND INF PLANTED 5,000 NEW VISITORS TO THE MA _ 7 CLASSES THE LIT	IG 18,600 TONS OF FRASTRUCTURE MAI TREES WE HOSTEI APLE WEEKENDS PLU TLETON GARDEN CI	LOW-GRADE WOOD AND NTENANCE AND CONSTRI O OVER 70 GROUPS FOR IS 1 BUS GROUP THE FO UB AND THE AMMONOOS	1 9 MILLION BOARD FEET OF SA JCTION PROJECTS AT THE ROO EDUCATIONAL PROGRAMING IN REVERGREEN PROGRAM WITH UC CHAPTER OF THE AUDUBON	AWLOGS WE UTILIZED THE CKS ESTATE WE HARVESTED CLUDING BUS TOURS AND THE LOCAL ELEMENTARY I SOCIETY MET AT THE ROCKS
4b	(Code) (Expe	enses \$ 2	2,681,067 ıncludır	ng grants of \$	227,710) (Revenue \$	113,368)
	LAND PROTECTION THE FOREST SO WERE 11 FEE ACQUISITIONS TOTALIN OTHERS AND 2 PROJECTS TOTALING 127,000 ACRES	CIETY CONSERVED 2, NG 1,304 ACRES ADD	,422 ACRES THROUG	GH 24 LAND PROTECTION ATIONS, 11 CONSERVATI	PROJECTS ACROSS THE STATE ON EASEMENTS TOTALING 1,05	AMONG THE PROJECTS 3 ACRES ON LAND OWNED BY
4c	(Code) (Expe	enses \$	814,369 ıncludır	ng grants of \$) (Revenue \$	9,416)
	EDUCATION, OUTREACH AND MEMBE DELIVERING THE NEWLY DEVELOPED LAUNCHED A PARALLEL PROGRAM AT RECOGNIZED LAND STEWARD PROGR RESERVATIONS WE INVESTED IN A M 351 VOLUNTEERS WHO CONTRIBUTE RESOURCES INCLUDING CAREFUL TI PROGRAMS, TOURS, NEWS RELEASES FEATURES, BLOGS, SOCIAL MEDIA, E- ANNUAL LECTURE SERIES DREW REC WILD NH DAY AT NH FISH & GAME, A	RSHIP KEY ACCOME EDUCATIONAL CONT BLACK MOUNTAIN W AM TRAINED NEW W IEW POSITION, COMI D MORE THAN 7,000 MBER HARVESTING, K, A REGULAR FEATUL NEWSLETTERS AND ORD CROWDS IN MA	PLISHMENTS INCLUE ENT TO ADDITIONAL /ITH KEARSARGE RE OLUNTEERS-WE HAV MUNITY ENGAGEMEN HOURS OUR OUTR REACHED THOUSAN RE COLUMN IN THE QUARTERLY PUBLIC ARCH WE PARTICIP	E EXPANDING OUR "OUT. SCHOOLS THAT ARE COI GIONAL SCHOOL DISTRIC /E 175 LAND STEWARDS / IT MANAGER, TO EXPAND EACH EFFORTS, FOCUSE DS OF READERS, VIEWER STATEWIDE NH SUNDAY ATION OF FOREST NOTES	DOOR CLASSROOM" PROGRAM NDUCTING FIELD TRIPS TO THE TFOCUSED ON TRAIL STEWAR ACTIVELY HELPING TO CARE FO OUR OVERALL VOLUNTEER CAID ON LAND CONSERVATION AND S AND PARTICIPANTS VIA FIELD NEWS, RADIO AND TELEVISION IN NEW HAMPSHIRE'S CONSERVA	AT MT MAJOR IN ALTON, NH, SUMMIT WE ALSO DSHIP OUR NATIONALLY R OUR FOREST PACITYWE CURRENTLY HAVE D-BASED EDUCATION SEGMENTS AND SPECIAL ATION MAGAZINE OUR
	See Additional Data					
7d	Other program services (Desc	ribo in Cabadula	0.)			
4d	, ,		g grants of \$)	(Revenue \$	288)
4e	Total program service expense	s ► 5,	345,550			

Part IV	Checklist of R	Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		N o
	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
	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		N o
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		N o
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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 $11e^{7}$ If "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 "Yes," complete Schedule G, Part II</i>	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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		N o
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
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		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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2015)

Check if Schedule O Contains a response or note to any line in this Part V. 18. Enter the number reported in Bax 3 of Form 1996 Enter-0- if not applicable . 1		990 (2015)			Page 5
be Enter the number reported in Box 3 of Form 1096 Enter-0-if not applicable 1	Par				
De that the number of forms W-2G included in line 18 Enter-0 finat applicable Dot the opporations comply with backs with whole applies for reprobably payments to vendors and reportable saming (gambling) warrings to size without? 2 Enter the number of emittings are propored on Farm W-1, respect to 10 Farm W-1, res		Chook in Contention Contention and Contention Contentio		Yes	No
but the organization comply with backup withholding rules for recortable payments to vendors and reportable gaming (pamining) withings to provide one form Williams and the provided of the pamining (pamining) withings to provide one pamining withing the pamining pamin	1 a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 31			
gamming (gambling) winnings to prize winners? Enter the number of employees reported on Farm W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return, and the provided of the provided of the special	b	Enter the number of Forms W-2G included in line 1a Enter - 0 - if not applicable 1b 0			
Task Statements, field for the calendar year ending with or within the year covered by this return. 1	C		1c	Yes	
if all least one is reported on line 2 a, did the organization file all required for effice (see instructions) Note. If the semi of lines 1 and 2 as in greater than 250, you may be required to effice (see instructions) 30. If the organization have unrelated business gross income of \$1,000 or more during the year? 44. A teany time during the calendary year, did the organization have an interest in, or a signature or other authority economic of the property of the 20 per seminate of the foreign country. 45. If Year, a street the name of the foreign country. 46. If Year, a street the name of the foreign country. 57. If Year, a street the name of the foreign country. 58. If Year, a street the name of the foreign country. 59. If Year, a street the name of the foreign country. 50. If Year, a street the name of the foreign country. 50. If Year, a street the name of the foreign country. 51. If Year, a street the name of the foreign country. 52. If Year, a street the name of the foreign country. 53. If Year, a street the name of the foreign country. 54. If Year, a street the name of the foreign country. 55. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56. If Year, a street the name of the foreign name of the name of the organization that was or as parry to a prohibited tax shelter transaction? 57. Organization that may receive deductible on tributions under section 170(c). 58. If Year, a street the name of the nam	2a	Tax Statements, filed for the calendar year ending with or within the year covered			
38 Ves 11	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
4. A carry time during the calendar year, did the organization have an interest in, or a signature or other authority voer, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBA R) 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5. No 6. Did any taxable party northy the organization field form 886-17? 6. Did any taxable party northy the organization field form 886-17? 6. Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6. If "Yes," did the organization inclide with very solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organization state may receive deductible contributions under section 170(c). 8. Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided? 7. Organization state may receive deductible contributions under section 170(c). 8. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal banefit contract? 7. No 7. If the organization receive any funds, directly or indirectly, to pay premiums on a personal banefit contract? 7. No 7. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-2. 8. Did the organization frequent of the payment of th	3a		За	Yes	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country by the security of the security o	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 No 111 Tyes," to line 5a or 5b, did the organization that it was or 5a party to a prohibited tax shelter transaction? 50 Into 111 Tyes," to line 5a or 5b, did the organization file Form 8836-T7 50 Open the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 60 Organization solicit any contributions that were not tax deductible? 61 Organization shall may receive deductible contributions under section 170(c). 62 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 63 Did the organization notify the donor of the value of the goods or services provided? 64 Did the organization notify the donor of the value of the goods or services provided? 65 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 89282? 66 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 67 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 68 Did donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 69 Did the sponsoring organization make any taxable distributions under section 4956? 70 Did donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 71 Did do donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 72 Did the sponsoring organizatio	4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
b Did any taxable party notify the organization that it was on is a party to a prohibited tax shelter transaction? 5	b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
C If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the erganization network as 282 filed during the year. 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization flee a form 1098-C? 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 9 Did the sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable dist	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
against amounts due or received from them)					
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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	b				
year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	b	1 1 2 1			
additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
In which the organization is licensed to issue qualified health plans	а	· · · · · · · · · · · · · · · · · · ·	13a		
14a Did the organization receive any payments for indoor tanning services during the tax year?		in which the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		250			
					No
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			. /

Part VI Governance, Management, and Disclosur	Part VI	Governance.	Management.	and	Disclosur
---	---------	-------------	-------------	-----	-----------

Se	ction 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			
	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 17			
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	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
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	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
b	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	NH 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 made these available. Check all that apply. V Own website. V Another's website. V Upon request. Other (explain in Schedule O)			
19	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			

State the name, address, and telephone number of the person who possesses the organization's books and records DENISE VAILLANCOURT 54 PORTSMOUTH STREET CONCORD, NH 03301 (603) 224-9945

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or 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

(1) JANE DIFLEY	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
PRESIDENT/FORESTER	` '			Stee	x	sated		141.874	0	29,835
Canal Cana	PRESIDENT/FORESTER (2) MARGO CONNORS	1								
X	(3) JOHN BRIGHTON		х					0	0	0
X			х					0	0	0
TRUSTEE			х					0	0	0
X	TRUSTEE		х					0	0	0
X	TRUSTEE		х					0	0	0
TRUSTEE	TREASURER		х		х			0	0	0
TRUSTEE	TRUSTEE		х					0	0	0
X X 0 0	TRUSTEE		х					0	0	0
X X 0 0 VICE CHAIR	SECRETARY		х		x			0	0	0
TRUSTEE X 0 0			х		х			0	0	0
(14) WILLIAM WEBB			х					0	0	0
CHAIR X X 0 0			х		х			0	_	0 Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D Report compen from organiz	able sation the ation	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1 MIS		(W- 2/1099 MISC)		organization and related organizations
(15) JACK MIDDLETON TRUSTEE	2 00	x							0		0	0
(16) ANDY SMITH TRUSTEE	2 00	x							0		0	0
(17) AMY MCLAUGHLIN TRUSTEE	2 00	х							0		0	0
(18) MERLE SCHOTANUS TRUSTEE	2 00	х							0		0	0
1b Sub-Total	VII, Section A				*	•		141,874		0		29,835
2 Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eıved mor	e than			
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule 3			e, key	/ em	nplo	yee, o	r hıg	hest com	pensate	d employee	3	Yes No
For any individual listed on line 1a, is to organization and related organizations of individual										om the	4	Yes
5 Did any person listed on line 1a receive services rendered to the organization?											5	No
Section B. Independent Contracto												
Complete this table for your five highes compensation from the organization Re	port compensa									the organization		
	(A) ousiness address									(B) on of services		(C) Compensation
RANSMEIER & SPELLMAN ONE CAPITOL STREET CONCORD NUL 03303								LEGAL	SERVICES	5		293,724
BCM ENVIRONMENTAL & LAND LAW								LEGAL	SERVICES	;	\dashv	175,992
3 MAPLE STREET CONCORD, NH 03301												
											\dashv	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Part V	/ • • •	Statement o						
		Check if Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						revenue	revenue	sections
	1a	Federated camp	paigns 1a					512-514
nts Ints	ь	Membership du		430,430				
Grants mounts	c	Fundraising eve						
ts, i	_	_						
Giffs, iilar Ai	d	Related organiz		131,753				
ons, Gifts, Grants Similar Amounts	е	-						
utio ier	f	similar amounts no	ons, gifts, grants, and 1f ot included above	6,307,316				
tributio Other	g	Noncash contribution	ons included in lines	1,682,404				
Contributions, and Other Sim	h	Total. Add lines	s 1a-1f		6,869,499			
				Business Code				
Program Service Revenue	2a	FOREST OPERATIO	NS	113310	239,132	239,132		
Rev«	ь	REIMBURSEMENT F	FOR SERVICES	611699	192,011	192,011		
l e e l	С							
Xer vi	d							
E .	e							
ango Gui	f	All other progra	ım service revenue					
左	g	Total. Add lines	s 2a – 2f		431,143			
	3		ome (including dividend ar amounts)		287,315			287,31
	4		tment of tax-exempt bond p	<u> </u>				
	5	Royalties		🕨				
	_		(ı) Real 335,966	(II) Personal				
	ьа	Gross rents	333,900					
	Ь	Less rental expenses	112,571					
	С	Rental income or (loss)	223,395					
	d	Net rental incor	me or (loss)		223,395			223,39
	_	Cross amount	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,470,786					
	ь	Less cost or other basis and	3,372,766					
	c	sales expenses Gain or (loss)	98,020					
	d		s)		98,020			98,020
Other Revenue	8a	Gross income for events (not included) \$	rom fundraısıng	·				
er R		See Part IV, lin						
₹	ь		penses b [
	9a			events 🛌				
	ь	less direct evi	a penses b					
			loss) from gaming activ	vities				
	10a	Gross sales of			<u> </u>			
		returns and allo	owances . a	372,597				
	ь	Less cost of go	oods sold b	143,317				
			loss) from sales of inve		229,280	792	228,488	
		Miscellaneous		Business Code		20.00		
	11a	MISCELLANEC	ous	900099	32,019	32,019		
	b							
	d	ΔII other reven	ue					
	e		ue [s 11a-11d	🕨	_			
	12		See Instructions		32,019			
]			F	8,170,671	463,954	228,488	608,73

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t				<i>.</i> .
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	227,710	227,710		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	185,273	41,118	123,998	20,157
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	2,055,970	1,416,040	311,007	328,923
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,328	42,382	10,626	10,320
9	Other employee benefits	304,101	201,159	52,820	50,122
10	Payroll taxes	168,494	110,825	31,288	26,381
11	Fees for services (non-employees)				
а	Management				
b	Legal	459,690	459,690		
C	Accounting	20,700	20,700		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	573,100	453,820	100,000	19,280
12	Advertising and promotion	158,709	126,807		31,902
13	Office expenses	135,568	87,226	20,575	27,767
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	85,729	64,919	16,377	4,433
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,385	6,151	4,904	330
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	265,266	237,177	24,477	3,612
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)				
а	UBIT TAX	6,789	6,789		
b	CONSERVATION EASEMENTS	808,000	808,000		
C	DONATED CONSERVATION EA	733,800	733,800		
d	BUILDING AND GROUNDS	278,306	248,261	10,854	19,191
e	All other expenses	126,744	52,976	62,729	11,039
25	Total functional expenses. Add lines 1 through 24e	6,668,662	5,345,550	769,655	553,457
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)				

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2015)

Part X Bala Balance Sheet

	Check if Schedule O contains a response or note to any I	ine in t	this Part X			<u>····√</u>
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			1,279	1	2,047
2	Savings and temporary cash investments			3,273,224	2	2,889,681
3	Pledges and grants receivable, net			674,076	3	1,010,326
4	Accounts receivable, net			4,962	4	5,712
5	Loans and other receivables from current and former off key employees, and highest compensated employees. Schedule L	icers, c	dırectors, trustees,		5	
6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3) sectio	(B), and on 501(c)(9)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			470,983	8	468.780
9	Prepaid expenses and deferred charges			38,756	9	40.342
10a	Land, buildings, and equipment cost or other basis	i .	· · · ·	35,100		10,012
	Complete Part VI of Schedule D	10a	66,051,695			
Ь	Less accumulated depreciation	10b	3,968,510	60,163,419	10 c	62,083,185
11	Investments—publicly traded securities			13,702,217	11	12,422,309
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			120,789	15	102,647
16	Total assets.Add lines 1 through 15 (must equal line 34) .		78,449,705	16	79,025,029
17	Accounts payable and accrued expenses			82,771	17	202,068
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV	of Sch	edule D		21	
22	Loans and other payables to current and former officers key employees, highest compensated employees, and d					
	persons Complete Part II of Schedule L			480,000	22	420,000
23	Secured mortgages and notes payable to unrelated third	d partie	es		23	
24	Unsecured notes and loans payable to unrelated third p	arties		168,750	24	157,500
25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	eted third parties,	200 242		200 200
	T. 17. 17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			362,816		399,303
26	Total liabilities. Add lines 17 through 25			1,094,337	26	1,178,871
	Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ►	✓ and complete			
27	Unrestricted net assets			9,041,707	27	7,082,319
28	Temporarily restricted net assets			6,127,499	28	5,083,099
29	Permanently restricted net assets	•		62,186,162	29	65,680,740
	Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check l	nere ► ┌ and			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building or equipment	fund			31	
32	Retained earnings, endowment, accumulated income, or	other	funds		32	
33	Total net assets or fund balances			77,355,368	33	77,846,158
34	Total liabilities and net assets /fund balances			78 449 705	24	79 025 029

Dar	t XI Reconcilliation of Net Assets			<u>'</u>	age ==
Fal	Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,:	170,671
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	568,662
3	Revenue less expenses Subtract line 2 from line 1	3		1,5	502,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77,:	355,368
5	Net unrealized gains (losses) on investments	5		- 9	962,908
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-11,982
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-36,329
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		77,8	846,158
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •		Yes	. ア No
1	Accounting method used to prepare the Form 990			163	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
	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?	e	3a		No
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		3b		

Additional Data

Software ID: Software Version:

EIN: 02-022237

Name: SOCIETY FOR THE PROTECTION OF NEW

HAMPSHIRE FORESTS

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

(Code) (Expenses \$ 658,523 including grants of \$) (Revenue \$ 288) 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 THESE ACTIVITIES INCLUDE TESTIFYING AT LEGISLATIVE COMMITTEE HEARINGS, MEETING DIRECTLY WITH STATE LEGISLATORS ON BEHALF OF THE FOREST SOCIETY'S POSITION ON SPECIFIC PIECES OF LEGISLATION AND PROVIDING LEGISLATORS WITH INFORMATION ON ISSUES UNDER CONSIDERATION IN THE NH LEGISLATURE THE STATE LEGISLATURE MEETS FROM JANUARY TO JUNE EACH YEAR THE MAJORITY OF THE ORGANIZATION'S POLICY STAFF STATE-LEVEL LOBBYING EFFORTS OCCUR WITHIN THESE SIX MONTH SESSIONS THE FOREST SOCIETY LOBBIES SPECIFICALLY ON BILLS RELATING TO SPNHF'S MISSION INCLUDING THOSE ADDRESSING FORESTRY, WATER QUALITY, AIR QUALITY, LAND CONSERVATION, ENERGY FACILITY SITING, RENEWABLE ENERGY AND ENERGY EFFICIENCY FOR EXAMPLE, IN THE LAST FISCAL YEAR WE SUCCESSFULLY LOBBIED FOR ADDITIONAL STATE FUNDS TO BE USED TO BENEFIT CONSERVATION PROJECTS THROUGHOUT NEW HAMPSHIRE AND SUPPORTED LEGISLATION THAT WILL IMPROVE THE STATE'S PROCESS FOR THE SITING OF LARGE-SCALE ENERGY PROJECTS IN ADDITION, WE LOBBY STATE PUBLIC AGENCY OFFICIALS ON ISSUES RELATED TO SPNHF'S MISSION FOR EXAMPLE, WE HAVE MET WITH REPRESENTATIVES OF STATE AGENCIES RELATIVE TO THE ENFORCEMENT OF LAWS REGULATING THE USE OF OFF-HIGHWAY RECREATIONAL VEHICLES IN STATE-OWNED FORESTS FINALLY, WE WORK DIRECTLY WITH OUR FEDERAL CONGRESSIONAL DELEGATION ON FEDERAL LEGISLATION WHICH IMPACTS SPNHF'S MISSION FOR EXAMPLE, POLICY STAFF HAVE SUPPORTED THE NH CONGRESSIONAL DELEGATION'S EFFORTS TO SECURE A LONG-TERM AUTHORIZATION FOR THE LAND AND WATER CONSERVATION FUND AND THE STATUTORY FUNDING LEVELS FOR THIS PROGRAM

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493246005176

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization R THE PROTECTION OF NEW					Employer identifica	ation number	
		FORESTS					02-0222237		
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ons.	
The	organi	zation is not a private fo							
1	Ĭ	A church, convention		•		•	•		
2	<u></u>	A school described in	•						
3	<u>'</u>	A hospital or a cooper	-		•		**		
	<u>'</u>	·	•	-				·	
4	ı	A medical research or hospital's name, city,	and state		•		. , , , , ,		
5	Γ	An organization opera 170(b)(1)(A)(iv). (C		nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	described in section	
6	\sqcap	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	.)(A)(v).		
7	굣	An organization that n described in section 1	•	•		om a governme	ntal unit or from the o	general public	
8	\sqcap	A community trust de				tII)			
9	Γ			ves (1) more than 33					
				s exempt functions—s unrelated business tax					
				ee section 509(a)(2).			1 tax/ Holli basiliesse	.s acquired by the	
10	Г	An organization organ					n 509(a)(4).		
11	Г	An organization organ	zed and opera	ited exclusively for the	e benefit of, to r	erform the fund	ctions of, or to carry o	out the purposes of	
	•	one or more publicly s	•	•					
	_	the box in lines 11a th							
а		Type I. A supporting of							
		supported organization				ty of the directo	ors or trustees of the	supporting	
L	_	organization You mus				with its suppo	rtad arganization(s) h	ay bayıng cantrol ar	
Ь	,	Type II. A supporting management of the su							
		must complete Part IV			same persons e	nac control of h	nanage the supported	organization(s) ioa	
c	\sqcap	Type III functionally	•		n operated in c	onnection with,	and functionally integ	grated with, its	
		supported organization	n(s) (see instr	uctions) You must co	mplete Part IV,	Sections A, D,	and E.	•	
d	\sqcap	Type III non-function							
		not functionally integr					ement and an attentiv	eness requirement	
_	_	(see instructions) Yo					T I T II T		
е	ı	Check this box if the contegrated, or Type II:					s a Type I, Type II, T	ype III functionally	
f	Ente	r the number of support				'11			
g g	LIICC	Provide the following i							
		1 Tovide the following f	mormation ab	out the supported orga	inizacion(s)				
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)	
Nar	ne of s	supported organization		Type of	Is the orga		A mount of	A mount of other	
				organization	listed in your		monetary support	support (see	
				(described on lines	docume	int?	(see instructions)	instructions)	
				1-9 above (see instructions))					
				inistructions))					
					Yes	No			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 7,578,924 5,736,375 7,287,131 6,063,337 6,869,499 33,535,266 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 7,578,924 5,736,375 7,287,131 6,063,337 6,869,499 33,535,266 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 33,535,266 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 7,578,924 5,736,375 7,287,131 6,063,337 6,869,499 33,535,266 Amounts from line 4 Gross income from interest. dividends, payments received on 575,905 465,377 498,678 493,354 623,281 2,656,595 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 10,568 17,760 13,413 50,622 92,363 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 VI) Total support. Add lines 7 36,284,224 through 10 12 Gross receipts from related activities, etc (see instructions) 12 1,249,798 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. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 92 420 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 92 530 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \vdash organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 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 nurnose 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 persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493246005176

OMB No 1545-0047

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN	Ι,
		expenses, and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

		oying Expenditures neans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		26,949	-
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)		19,662	
c	Total lobbying expenditures (add lines 1a and		46,611		
d	Other exempt purpose expenditures			6,922,082	
e	Total exempt purpose expenditures (add lines 1c and 1d)			6,968,693	
f	Lobbying nontaxable amount Enter the amoun		498,435		
	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			
g	Grassroots nontaxable amount (enter 25% of line 1f)			124,609	
h	Subtract line 1g from line 1a If zero or less, er	nter - 0 -		0	
i	Subtract line 1f from line 1c If zero or less, en	ter -0 -		0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Г	Υ	е	s	\Box	No
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4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
2a	Lobbying nontaxable amount			403,802	498,435	902,237					
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,353,356					
c	Total lobbying expenditures			70,659	46,611	117,270					
_d	Grassroots nontaxable amount			100,951	124,609	225,560					
e 	Grassroots ceiling amount (150% of line 2d, column (e))					338,340					
f	Grassroots lobbying expenditures			28,337	26,949	55,286					

	edule C (Form 990 or 990-EZ) 2					P	age 3
Ра		organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT				
For e	each "Yes" response on lines 1a thro	ough 1: below, provide in Part IV a detailed description of the lobbying	((a)	-	(b)	
<u>actı v</u>	•	, , , , , , , , , , , , , , , , , , , ,		No	<u> </u>	Amou	nt
1 a		rganization attempt to influence foreign, national, state or local int to influence public opinion on a legislative matter or referendum,	Yes_				
b c	Paid staff or management (inclu Media advertisements?	ude compensation in expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislato	rs, or the public?					
е	Publications, or published or br	roadcast statements?					
f	Grants to other organizations fo	or lobbying purposes?					
g h :	Direct contact with legislators, Rallies, demonstrations, semin						
i i	Other activities? Total Add lines 1c through 1:			+	+		
2a	Did the activities in line 1 caus	se the organization to be not described in section 501(c)(3)?					
b		ny tax incurred under section 4912 ny tax incurred by organization managers under section 4912			\vdash		
c d	-	ed a section 4912 tax, did it file Form 4720 for this year?			-		
		organization is exempt under section 501(c)(4), section	501/		Or s	ectio	n
	501(c)(6).	organization is exempt under section 301(c)(4), section (Yes	No
1	Were substantially all (90% or	more) dues received nondeductible by members?			1	163	140
2		in-house lobbying expenditures of \$2,000 or less?			2	+	
3		arry over lobbying and political expenditures from the prior year?			3	+-	
Pai		organization is exempt under section 501(c)(4), section either (a) BOTH Part III-A, lines 1 and 2, are answered " ed "Yes."					
1	Dues, assessments and similar		1				
2	Section 162(e) nondeductible le expenses for which the section	obbying and political expenditures (do not include amounts of political 527(f) tax was paid).					
a	Current year		2a	<u> </u>			
Ь	Carryover from last year		2b				
	Total		2c	<u> </u>			
3 4	If notices were sent and the am	section 6033(e)(1)(A) notices of nondeductible section 162(e) dues nount on line 2c exceeds the amount on line 3, what portion of the excess carryover to the reasonable estimate of nondeductible lobbying and	3				
	political expenditure next year	7	4				
5		d political expenditures (see instructions)	5				
P	art IV Supplemental In	formation					
		or Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groune 1 Also, complete this part for any additional information	up list)), Part	II-A,	lines 1	and
	Return Reference	Explanation					
PAR	T II-A, LINES 1 AND 2	GRASSROOTS LOBBYING IS LARGELY SPENT ON ISSUES FOR WHI FEDERAL AND STATE LEGISLATORS FOR EXAMPLE, TO SUPPORT LOBBYING FOR PUBLIC FUNDING OF LAND CONSERVATION, WE A WORK WITH SISTER CONSERVATION ORGANIZATIONS TO REACH VOTERS ASKING THEM TO CONTACT THEIR LEGISLATORS TO SU INITIATIVES ON HIGH PROFILE ISSUES LIKE THE NORTHERN PA ACTIVELY PARTICIPATE IN OUTREACH EFFORTS TO BUILD PUBL AND FEDERAL REGULATORY DECISIONS THAT SUPPORT OUR POSPASS LEGISLATIVE LOBBYING INCLUDES DIRECT CONTACT WIT	OUR L LLOC I OUT PPOR' SS TR IC SU SITIO	LEGISL ATE O DIREC T SUC ANSMI PPORT	ATI\ UR T TLY H FUI ISSIC FOR	/E IME TO TO NDING ON LIN STAT	D IE WE E

STATE LEGISLATION

LEGISLATORS CONCERNING LEGISLATIVE PROPOSALS DEALING WITH PUBLIC POLICIES RELATIVE TO LAND CONSERVATION, FORESTRY, ENERGY, LAND USE, CURRENT USE OF THE TIME SPENT ON LOBBYING ABOUT 20% IS SPENT ON FEDERAL LEGISLATION AND 80% ON

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DLN: 93493246005176

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

terna	l Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u> s	s.gov/fo	orm 990.	Inspec	tion
SO	me of the organ i CIETY FOR THE PRO MPSHIRE FORESTS			'	oyer identificat 222237	ion numb	er
Pa			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) F	unds and othe	raccount	:s
1	Total numbe	er at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	_		idvisors in writing that the assets held in don the organization's exclusive legal control?	nor advis		└ Yes	┌ No
6	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a			Yes	┌ No
Pa	rt III Conse	rvation Easements. Comple	ete if the organization answered "Yes" o	on Form	990, Part IV	, lıne 7.	
1 2	Preservation Protection Preservation Complete lines	on of land for public use (e g , recre of natural habitat on of open space	e organization (check all that apply) ation or education)	certified	historic struct	ure	
		_		\vdash	Held at the	End of th	e Year
а		of conservation easements		2a			695
b	_	restricted by conservation easeme servation easements on a certified		2b		12	9,398 00
c d			acquired after 8/17/06, and not on a	2c			1
u	historic structi	ure listed in the National Register		2d			0
3	Number of constant year ►		nsferred, released, extinguished, or terminate	ed by the	organization d	uring the	
			2				
4			ervation easement is located 🛌 👤 🕹				
5	violations, and	enforcement of the conservation e		-	▽ Ye s		
6	year 7888 00		nspecting, handling of violations, and enforc	ing cons	ervation easen	ients dur	ing the
	-		ecting, handling of violations, and enforcing c	oncorvat	ion escements	during t	ho voar
7	►\$ <u>41</u>	16,812				during ti	ne year
8		iservation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 170)(h)(4) ✓ Ye s	;	•
9	balance sheet, the organizatio	and include, if applicable, the text n's accounting for conservation ea		l stateme	ents that descr	ibes	
Pai	rt IIII Organ Comple	izations Maintaining Collected if the organization answers	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar A	ssets.	
1a	If the organiza works of art, hi	tion elected, as permitted under SF storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reverses held for public exhibition, education, note to its financial statements that describe	or resea	rch ın furtherar		
b	If the organiza works of art, hi	tion elected, as permitted under SF	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	stateme	nt and balance		olic
(uded on Form 990, Part VIII, line 1		► \$			
		ed in Form 990, Part X					
2		·	nistorical treasures, or other similar assets fo				
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items							

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	(continued)	Collections of A	Art, His	stori	cal Tre	easures, c	r Ot	her Similar <i>i</i>	Asset	:s	
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other rec	ords, ch	heck a	ny of th	ie following tl	hat ar	e a significant u	se of i	ts	
а	Public exhibition		d	Г	Loan o	r exchange p	rogra	ms			
b	Scholarly research		е	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization Part XIII	's collections and exp	plaın hov	w they	further	the organiza	ition's	exempt purpos	e ın		
5	During the year, did the organization sol assets to be sold to raise funds rather the							sımılar — Ye	. Г	No	
Par	rt IV Escrow and Custodial Arra		as part (or the	organiz	acion's conec		,			
	Complete if the organization Part X, line 21.		n Form	990,	Part IV	/, line 9, or	repo	rted an amou	nt on	Form	າ 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inter	mediary	for co	ontribut	ions or other	asse	ts not T Ye	s 🗸	No	
b	If "Yes," explain the arrangement in F	art XIII and complet	e the fol	llowing	g table			Aı	nount		
c	Beginning balance						1c				
d	Additions during the year					Ī	1d				
e	Distributions during the year					Ī	1e				
f	Ending balance					-	1f				
2a	Did the organization include an amount of	on Form 990. Part X. I	line 21.	for es	crow or	custodial ac	count	liability? □ Ye	s V	No	
b Pa	If "Yes," explain the arrangement in Parrt V Endowment Funds. Comple									<u> </u>	Γ
	<u>Endownence and compre</u>	(a)Current year	(b) Prio			c)Two years ba		Three years back		our yea	ars back
1a	Beginning of year balance	13,702,217	1	12,269,		12,041,4		11,271,792		11	.,038,858
b	Contributions	717,153		1,934,	701	594,4	-06	666,663			851,865
С	Net investment earnings, gains, and losses	-522,972		711,	702	1,112,9	59	1,012,361			247,799
d	Grants or scholarships										
е	Other expenditures for facilities and programs	1,412,300		1,151,	312	1,436,4	23	859,468			818,350
f	Administrative expenses	61,789		62,	747	42,5	553	49,864			48,380
g	End of year balance	12,422,309	1	13,702,	217	12,269,8	373	12,041,484		11	.,271,792
2	Provide the estimated percentage of the	current year end bala	ance (lın	ne 1g,	column	(a)) held as	<u> </u>		1		
а	Board designated or quasi-endowment	12 820 %									
b	Permanent endowment ► 70 260 %										
С	Temporarily restricted endowment >- The percentages on lines 2a, 2b, and 2c	16 920 % should equal 100%									
За	Are there endowment funds not in the po		nization	that a	re held	and administ	tered	for the			
	organization by	J								Yes	No
	(i) unrelated organizations							3	a(i)		Νo
	(ii) related organizations							3	a(ii)	ļ	N o
	If "Yes" on 3a(II), are the related organi:	•					•		3b		
4	Describe in Part XIII the intended uses		endowm	ent fu	nas						
Par	Tt VI Land, Buildings, and Equip Complete if the organization		Form 9	an b	art TV	lına 112 S	aa Fo	rm 990 Dart	Y line	10 م	
	Description of property	answered les to	101111 9	'ЭО, F (a		(b)	<u>ee 10</u>	Accumulated			value
	bescription of property				her basıs			(c)depreciation	`	,	
12	Land			(mvest	ment)	 ` ` `			+		051 522
	Buildings		·			59,0	51,533		-	59	,051,533
U						5,3	13,176	2,828,6	80	2	,484,496
С	Leasehold improvements					6	73,850	345,7	68		328,082
d	Equipment		. \square			6	56,979	498,1	92		158,787
e	Other					3	56.157	295.8	70		60.287

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

62,083,185

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(Including name of security) (1)Financial derivatives			Cost or end-or-year market value
(2)Closely-held equity interests			
(3) O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answere	d 'Yes' on Form 9	90. Part IV. line 11c.c.	on Form 000 Part V line 12
(a) Description of investment	1	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990. Part IV. line	
(a) Desc			(b) Book value
		ed 'Yes' on Form 990	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answer	ed 'Yes' on Form 990,	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.		ed 'Yes' on Form 990,	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	ganization answer	ed 'Yes' on Form 990,	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book val	ed 'Yes' on Form 990,	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue Porm 990,	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
See Form 990, Part X, line 25.	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION	(b) Book val	ue 3,506	

Part		evenue per Audited Financial Statements With		Return
1		nization answered 'Yes' on Form 990, Part IV, line 12 er support per audited financial statements		7,471,465
2	, -	ut not on Form 990, Part VIII, line 12		. , , , , , , ,
а	Net unrealized gains (losses)	on investments 2a	-962,908	
b		acılıtıes	7,814	
c d	Recoveries of prior year grant Other (Describe in Part XIII	S	255,888	
e	Add lines 2a through 2d	<u> </u>	20	e -699,206
3	Subtract line 2e from line 1 .		. 3	8,170,671
4		0, Part VIII, line 12, but not on line 1		
a	·	luded on Form 990, Part VIII, line 7b . 4a		
b c	Add lines 4a and 4b)	. 4	c 0
5		d 4c. (This must equal Form 990, Part I, line 12)		
Part		xpenses per Audited Financial Statements Wit nızatıon answered 'Yes' on Form 990, Part IV, lıne 12		er Return.
1		rraudited financial statements	a. 1	6,968,693
2	A mounts included on line 1 b	ut not on Form 990, Part IX, line 25		
а	Donated services and use of	acılıtıes 2a	7,814	
b				
c d	Other (Describe in Part XIII		292,217	
e	Add lines 2a through 2d			e 300,031
3	Subtract line 2e from line 1 .		3	6,668,662
4		0, Part IX, line 25, but not on line 1:		
a	·	luded on Form 990, Part VIII, line 7b 4a		
b c	•)	4	c 0
5		nd 4c. (This must equal Form 990, Part I, line 18)		6,668,662
Dowt	VIII Supplemental In	formation	•	
	Supplemental In	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I	nes 1 h and 2 h	
Part \	V , line 4 , $Part\;X$, line 2 , $Part\;XI$, lines 2d and 4b, and Part XII, lines 2d and 4b Also comple		ovide any additional
Iniorn	nation Return Reference	Explanation		
PART	II, LINE 3	1 MIRIAM F WIGGIN FAMILY TRUST OF 2001 CONSE	VATION EASEM	1ENT AMENDMENT TO
	,	CORRECT SCRIVENER'S ERRORS THE DESCRIPTION	OF THE PROPER	TY PROTECTED BY THE
		CONSERVATION EASEMENT WAS ERRONEOUS, AND T AMENDED WITH A CORRECTIVE DEED TO CORRECT S		
		EASEMENT TERMS WERE MODIFIED THIS AMENDMEN CONSERVATION EASEMENT AMENDMENT GUIDELINE		
		THE CHARITABLE TRUSTS UNIT OF THE NEW HAMPSH	IRE ATTORNEY	GENERAL'S OFFICE
		THE AMENDMENT WAS REVIEWED AND APPROVED BY GENERAL AND THE FOREST SOCIETY'S BOARD OF TRU		
		OUTSIDE LEGAL COUNSEL THE EXECUTORY INTERES DEED 2 GALLERANI/GALLERANI NEW BOSTON REALT		
		AMENDMENT TO CORRECT SCRIVENER'S ERRORS TH	E ORIGINAL WA	RRANTY DEED
		GRANTING THE CONSERVATION RESTRICTIONS CON "GRANTOR AND "GRANTEE" THAT HAD BEEN ERRONE		
		CORRECTIVE WARRANTY DEED WAS EXECUTED TO AT TO CORRECT SUCH SCRIVENER'S ERRORS NO OTHER		
		THIS AMENDMENT WAS REACHED THROUGH THE COM	SERVATION EA	SEMENT AMENDMENT
		GUIDELINES AND PROCESS PROMULGATED BY THE C HAMPSHIRE ATTORNEY GENERAL'S OFFICE THE AME		
		APPROVED BY THE NEW HAMPSHIRE ATTORNEY GENE BOARD OF TRUSTEES WITH OVERSIGHT BY OUR OUTS		
		CONSERVANCY #2/MEADOWSEND TIMBERLANDS, LTD	CONSERVATIO) N EASEMENT
		AMENDMENT TO CORRECT SCRIVENER'S ERRORS THE ORIGINAL CONSERVATION EASEMENT DEED WA		
		CONSERVATION EASEMENT WAS AMENDED THROUGH SUCH SCRIVENER'S ERRORS NO OTHER EASEMENT T		
		AMENDMENT WAS REACHED THROUGH THE CONSERV GUIDELINES AND PROCESS PROMULGATED BY THE C		
		HAMPSHIRE ATTORNEY GENERAL'S OFFICE THE AME	NDMENT WAS RI	EVIEWED AND
		APPROVED BY THE NEW HAMPSHIRE ATTORNEY GENE BOARD OF TRUSTEES WITH OVERSIGHT BY OUR OUTS		
		ADDITION & AMENDMENT THE LANDOWNER ADDED : EASEMENT THE ONLY MODIFICATION TO EASEMENT		
		RESERVED RIGHT FOR A HOME SITE ON THE ORIGINA	L PROPERTY, BU	UT INCLUDE THAT
		RIGHT WITHIN THE 12 ACRES ADDED THIS AMENDME CONSERVATION EASEMENT AMENDMENT GUIDELINE		
		THE CHARITABLE TRUSTS UNIT OF THE NEW HAMPSH THE AMENDMENT WAS REVIEWED AND APPROVED BY		
		GENERAL AND THE FOREST SOCIETY'S BOARD OF TRU		
		BARRINGTON ADDED 30 ACRES OF LAND TO AN EXIST	TING EASEMENT	T THE EASEMENT
		TERMS WERE NOT MODIFIED OR AMENDED THE ADDI BY THE NEW HAMPSHIRE ATTORNEY GENERAL AND TH		
DART	II, LINE 9	TRUSTEES WITH OVERSIGHT BY OUR OUTSIDE LEGAL PURCHASED CONSERVATION EASEMENTS ARE EXPEN		A D THEY A DE
FARI.	II, LINL 9	PURCHASED AND ARE INCLUDED IN THE EXPENSES F	OR THE LAND PE	ROTECTION PROGRAM
		THE VALUE OF DONATED CONSERVATIONS EASEMEN ESTABLISHED, IS LISTED IN SCHEDULE M OF THIS RE		A VALUE HAS BEEN
PART	V, LINE 4	FUNDS LISTED AS ENDOWMENT FUNDS ON THIS RETU ADDITION TO PERMANENTLY RESTRICTED ENDOWME	RN INCLUDE AL	
		RESTRICTED TO LAND PURCHASE, TWO TEMPORARIL	Y RESTRICTED F	FUNDS AND
		UNRESTRICTED FUNDS THE PERMANENTLY RESTRICT ACCORDANCE WITH THE WISHES OF THE ORIGINAL D		
		FOREST SOCIETY'S SPENDING POLICY THE FUNDS RI		
		INVESTED UNTIL USED TEMPORARILY RESTRICTED F	UNDS ARE USE	D ONLY FOR THE
		PURPOSES FOR WHICH THEY ARE INTENDED TEMPOR INCLUDE \$844,194 OF INVESTED TEMPORARILY RES		
		THE PORTION OF PERPETUAL ENDOWMENT FUNDS SUUPMIFA AT APRIL 30, 2016 THE UNRESTRICTED FUND		
		SOCIETY'S SPENDING POLICY TO SUPPORT OPERATI	ONS BUT ARE A	LSO AVAILABLE FOR
		THE ORGANIZATION'S USE SUBJECT TO APPROVAL B UNRESTRICTED INVESTED FUNDS ALSO INCLUDES C		
PART	X, LINE 2	AMOUNTING TO \$551,172 AT APRIL 30, 2016 THE FOREST SOCIETY IS A NOT-FOR-PROFIT ORGANI	ZATION AS DEG	SCRIBED IN SECTION
1001	., 6	501(C)(3) OF THE INTERNAL REVENUE CODE (THE CO	DE) WHEREBY O	NLY UNRELATED
		BUSINESS INCOME, AS DESCRIBED BY SECTION 512(FEDERAL INCOME TAX THE FOREST SOCIETY PAYS A	NOMINALAMO	UNT OF TAX RELATING
		TO UNRELATED BUSINESS ACTIVITIES, PRIMARILY FI SALES THE FOREST SOCIETY HAS ADOPTED THE PRO	ROM GIFT SHOP	AND CHRISTMAS TREE
		ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	ACCORDINGLY	, MANAGEMENT HAS
		EVALUATED THE FOREST SOCIETY'S TAX POSITIONS SOCIETY HAD MAINTAINED ITS TAX-EXEMPT STATUS	S AND HAD TAKE	EN NO UNCERTAIN TAX
		POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLO WITH FEW EXCEPTIONS, THE FOREST SOCIETY IS NO		
		EXAMINATIONS BY THE US FEDERAL OR STATE TAX		
PART	XI, LINE 2D - OTHER	2013 COST OF INVENTORY SALES 143,317 RENTAL EXPEN	SES 112,571	
ADJUS	STMENTS			HITTEC 26 222
	XII, LINE 2D - OTHER STMENTS	COST OF GOODS SOLD 143,317 CHANGE IN PRESENT RENTAL EXPENSES 112,571	VALUE OF ANN	NUTITES 36,329

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I (Form 990)

Department of the

Treasury Internal Revenue Service

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493246005176

Employer identification number

02-0222237

HAMPSHIRE FORESTS						02-0222237	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the organization 	to award the grants	orassistance?				assistance, and	✓ Yes
	•				ization answered "Yes"	on Form 990, Part IV, lin	e 21 for any recipient
			dditional space is need				e z 1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) CHESHIRE COUNTY CONSERVATION DISTRICT 11 INDUSTRIAL PARK DR WALPOLE, NH 03608	02-0300901	149	8,228				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR TRAIL WORK
CLAREMONT PARKS & (2) RECREATION 58 OPERA HOUSE SQUARE CLAREMONT, NH 03743	02-6000154	149	11,136				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR TRAIL WORK
(3) HANOVER CONSERVANCY 71 LYME RD HANOVER,NH 03755	02-6011149	501C3	15,876				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR TRAIL WORK
HARRIS CENTER FOR CONSERVATION (4) EDUCATION 83 KINGS HIGHWAY HANCOCK,NH 03449	23-7085105	501C3	32,572				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR LAND PROTECTION
MONADNOCK (5) CONSERVANCY 15 EAGLE COURT SECOND FLOOR PO BOX 33 KEENE,NH 03431	22-3030420	501C3	10,102				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR LAND PROTECTION
(6) NEWFOUND LAKE REGION ASSOCIATION 10 NORTH MAIN ST UNIT 1 BRISTOL,NH 03222	02-0398396	501C3	7,438				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR TRAIL WORK
(7) NH AUDUBON 84 SILK FARM ROAD CONCORD, NH 03301	02-6005322	501C3	10,495				QUABBIN TO CARDIGAN PARTNERSHIP GRAN FOR TRAIL WORK
PISCATAQUOG LAND (8) CONSERVANCY 5A MILL ST NEW BOSTON,NH 03070	23-7085677	501C3	10,702				MERRIMACK CONSERVATION PARTNERSHIP GRAN FOR LAND PROTECTION
(9) SOUTHEAST LAND TRUST 12 CENTER ST FLOOR 2 PO BOX 675 EXETER,NH 03833	02-6032783	501C3	100,000	5,462	FM∨	STAFF TIME AND RELATED COSTS IN STARTING LAND PROTECTION PROJECT	PROJECT SPECIFIC FUNDS GIVEN TO PARTNER WHO TOO OVER LAND PROTECTION PROJECT
2 Enter total number of secti	on 501(c)(3) and ac	vernment organization	s listed in the line 1 tal	ole			9
3 Enter total number of other		_					

1	Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22
-	Part III can be duplicated if additional space is needed

(a)Type of grant or assistar	nce	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
			2.2 g		, , , , , , , , , , , , , , , , , , , ,						
Part IV Supplemental :	Informa	tion. Provide the info	rmation required in l	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.					
Return Reference	Explanat	ion									
PART I, LINE 2		THE FOREST SOCIETY RECEIVES GRANTS FOR THE QUABBIN TO CARDIGAN PARTNERSHIP AND THE MERRIMACK CONSERVATION PARTNERSHIP THESE GRANTS FUND OTHER PROGRAMS THAT ARE AWARDED THROUGH THE PARTNERSHIPS IN A COMPETITIVE									

PROJECTS COPIES OF PAID INVOICES MUST BE SUBMITTED BEFORE FUNDS ARE DISBURSED TO THE GRANTEE

APPLICATION PROCESS GRANTS ARE AWARDED TO COVER TRANSACTION COSTS INCURRED FOR COMPLETING LAND PROTECTION PROJECTS, OR TRAIL PROJECTS THE GRANTS REIMBURSE THE AWARDEE ORGANIZATION FOR MONIES ALREADY SPENT TO COMPLETE

Additional Data

Software ID:

Software Version:

EIN: 02-0222237

Name: SOCIETY FOR THE PROTECTION OF NEW

HAMPSHIRE FORESTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
CHESHIRE COUNTY CONSERVATION DISTRICT 11 INDUSTRIAL PARK DR WALPOLE,NH 03608	02-0300901	149	8,228			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR TRAIL WORK
CLAREMONT PARKS & RECREATION 58 OPERA HOUSE SQUARE CLAREMONT,NH 03743	02-6000154	149	11,136			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR TRAIL WORK
HANOVER CONSERVANCY 71 LYME RD HANOVER,NH 03755	02-6011149	501C3	15,876			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR TRAIL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HARRIS CENTER FOR CONSERVATION EDUCATION 83 KINGS HIGHWAY HANCOCK,NH 03449	23-7085105	501C3	32,572				QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION	
MONADNOCK CONSERVANCY 15 EAGLE COURT SECOND FLOOR PO BOX 33 KEENE,NH 03431	22-3030420	501C3	10,102				QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION	
NEWFOUND LAKE REGION ASSOCIATION 10 NORTH MAIN ST UNIT 1 BRISTOL,NH 03222	02-0398396	501C3	7,438				QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR TRAIL WORK	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NH AUDUBON 84 SILK FARM ROAD CONCORD,NH 03301	02-6005322	501C3	10,495				QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR TRAIL WORK	
PISCATAQUOG LAND CONSERVANCY 5A MILL ST NEW BOSTON,NH 03070	23-7085677	501C3	10,702				MERRIMACK CONSERVATION PARTNERSHIP GRANT FOR LAND PROTECTION	
SOUTHEAST LAND TRUST 12 CENTER ST FLOOR 2 PO BOX 675 EXETER,NH 03833	02-6032783	501C3	100,000	5,462	[STAFF TIME AND RELATED COSTS IN STARTING LAND PROTECTION PROJECT	PROJECT SPECIFIC FUNDS GIVEN TO PARTNER WHO TOOK OVER LAND PROTECTION PROJECT	

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DLN: 93493246005176

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service	
Name of the organiz SOCIETY FOR THE PROT HAMPSHIRE FORESTS	

Employer identification number

02-0222237

Pa	rt I	Questions Regarding Compensation			
				Yes	No
la		k the appropiate box(es) if the organization provided any of the following to or for a person listed on Form Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
		First-class or charter travel			
	•	Travel for companions Payments for business use of personal residence			
		Tax idemnification and gross-up payments			
	_	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or bursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		he organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	dırec	tors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3		ate which, if any, of the following the filing organization used to establish the compensation of the			
		nization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
		by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
		Compensation committee Written employment contract			
		Independent compensation consultant Compensation survey or study			
	, ,	Form 990 of other organizations Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization related organization			
а	Rece	eive a severance payment or change-of-control payment?	4a		No
b	Parti	cipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Parti	cipate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If"Y	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any pensation contingent on the revenues of			
а	The	organization?	5a		No
b	Any	related organization?	5b		No
	If"Y	es," on line 5a or 5b, describe in Part III			
5		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any pensation contingent on the net earnings of			
а	The	organization?	6a		No
b	Any	related organization?	6b		No
	If"Y	es," on line 6a or 6b, describe in Part III			
7	Forp	versons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed nents not described in lines 5 and 6? If "Yes," describe in Part III	7		No
3		any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subje	ect to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Pa	rt III	8		Νo
9		es" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations ion 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 JANE DIFLEY PRESIDENT/FORESTER		141,874	0	0	5,805	24,030	171,709	0
		0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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OMB No 1545-0047

2015

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Transactions with Interested Persons

► Complete if the organization answered

Open to Public Inspection Employer identification number

SOCIETY FOR THAMPSHIRE FO		ON OF NE	W					0.2	-0222	2237			
			ransactions zation answere					(29)	organı	zations		106	
	ame of disq			_	ationship betw	veen disqualif	ied person and) Des	cription	of	(d) Corr	ected?
					org	janization			trans	saction		Yes	No
2 Enter th	e amount of	tax ınc	urred by organı	zatıon ma	nagers or disc	qualified perso	ons during the	year u	ınder s	section	I		
4958 .									. !	\$			
3 Enterth	e amount of	tax, if a	any, on line 2, a	bove, rein	nbursed by th	e organizatior	1	• •	•	\$			
			r From Inte			-F7 Part V I	line 38a or Foi	rm 99	Λ Par	t IV line	- 26 o	rıfthe	
			ed an amount or				304, 01 1 01	55	o, i ui	c 1 v , 1111	. 20,0	· ii ciic	
(a) Name of	f (b) Relat	ionship	(c) Purpose of			(e)O rıgınal	(f) Balance	(g) In default?		(h)		(i)Written	
ınterested person	wit organiz		loan	or from t organizat		principal amount	due			A ppro		agreement?	
				То	From	-		Vec	committee? Yes No Yes No			Yes No	
GORDON	SPOUSE		BARGAIN	X	110111	600,000	420,000	163	No	Yes	140	Yes	140
1) RUSSELL	TRUSTE	USTEE REAL ESTATE											
			PURCHASE									+	
			.				400.000						
otal Part IIII (Grants or	Assist	► \$ tance Benef	iting Int	terested Po	ersons.	420,000						
	Complete i	f the o	rganızatıon aı	nswered	"Yes" on Fo	rm 990, Par	, 			1,,			
	(a) Name of interested person (b) Relationship interested person		terested persor	and the	(c) A mount	of assistance	(d) Type o	tassis	stance	e (e)	Purpos	e of ass	istance
			organizatio	n									
										-			

	rganization answe		ersons. m 990, Part IV, line 2	8a 28h	or 28c					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh	arıng f zatıon's					
				Yes	No					
Part V Supplemental 1 Provide additional i		ises to questions or	n Schedule L (see instruc	tions)						
Return Reference		Explanation								
SCHEDULE L, PART II, LOANS AND FROM INTERESTED PERSONS	ТО									

Schedule L (Form 990 or 990-EZ) 2015

DLN: 93493246005176

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization SOCIETY FOR THE PROTECTION OF NEW

Employer identification number

HAMP	SHIRE FORESTS				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 de noncash contribu	termining
	Art—Works of art					
2	Art—Historical treasures .					
3	Art—Fractional interests					
4	Books and publications					
	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded .					
10						
11	Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—O ther	Х	12	1,682,404	APPRAISAL	
18	Collectibles					
	Food inventory					
20	Drugs and medical supplies .					
	Taxidermy					
22	Historical artifacts					
	Scientific specimens					
	Archeological artifacts					
	O ther ► ()					
26	O ther ► ()					
	O ther ► ()					
	Other ► ()				<u> </u>	
29	Number of Forms 8283 received for which the organization comple				29	5
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that	Yes No
	it must hold for at least three ye				- ,	
	for exempt purposes for the enti	re holding p	period?		[30a No
b	If "Yes," describe the arrangement					
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31 Yes
32a	Does the organization hire or us contributions?	•	les or related organizations	to solicit, process, or sell i	noncash • • •	32a No
b	If "Yes," describe in Part II					
	If the organization did not report	an amount	: in column (c) for a type of	property for which column (a) is checked,	

describe in Part II

Page 2

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nental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SOCIETY FOR THE PROTECTION OF NEW
HAMPSHIRE FORESTS

Employer identification number

02-022237

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE FOREST SOCIETY IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT CURRENTLY HAS 9,559 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 REVIEWS THE 990 AND 990-T IN DETAIL AT A SCHEDULED COMMITTEE M EETING ONCE THE COMMITTEE IS SATISFIED THAT THE FORMS ARE COMPLETE, THEY ARE FORWARDED TO THE BOARD FOR REVIEW AND COMMENT AT A SPECIAL BOARD MEETING THE BOARD VOTES TO ACCEPT TH E 990 AND 990-T AFTER WHICH THE STAFF FILES THE FORMS
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 TRU STEES ARE ASKED TO CONSIDER JOINING THE BOARD, THEY ARE GIVEN THE "ROLES AND RESPONSIBILIT IES" DOCUMENT WHICH OUTLINES OTHER RESPONSIBILITIES OF THE INDIVIDUAL TRUSTEE AND THE BOAR D 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 AT THE START OF EVERY BOARD AND COMMITTEE MEETING THERE IS A REMINDER THAT CONFLICTS OF INTEREST MUST BE DISCLOSED AND BOARD/COMMITTEE MEMBERS ARE ASKED IF THEY HAV E ANY CONFLICTS TO REPORT
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 APPOINT ED BY THE CHAIR AND THE FULL BOARD PERIODICALLY, SALARIES OF OTHER NON-PROFIT CEO'S ARE R EVIEWED FOR COMPARISON THE CEO PROVIDES ANNUAL GOALS AND A SELF-EVALUATION THE BOARD CHA IR SUMMARIZES THE DELIBERATIONS OF THE BOARD IN A LETTER TO THE CEO
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS AND 990'S FOR THE MOST CURRENT THREE YEARS ARE AVAILABLE ON T HE FOREST SOCIETY'S WEBSITE OR BY REQUESTING COPIES FROM THE VICE PRESIDENT, FINANCE THE ORGANIZATION'S BY LAWS, WHICH INCLUDE A CONFLICT OF INTEREST STATEMENT, ARE ALSO AVAILABLE ON THE FOREST SOCIETY'S WEBSITE
FORM 990, PART XI, LINE 9	CHANGE IN PRESENT VALUE OF ANNUITIES -36,329
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEARS