

Form 990

Department of the Treasury  
Internal Revenue ServiceEXTENDED TO MARCH 16, 2026  
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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning MAY 1, 2024 and ending APR 30, 2025

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

54 PORTSMOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code

CONCORD, NH 03301

F Name and address of principal officer: JACK SAVAGE

54 PORTSMOUTH STREET, CONCORD, NH 03301

D Employer identification number

\*\*-\*\*\*2237

E Telephone number

(603) 224-9945

G Gross receipts \$

15,019,656.

H(a) Is this a group return

for subordinates? ..... ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.FORESTSOCIETY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1901

M State of legal domicile: NH

## Part I Summary

|                             |                                                                               |                                                                                                                                                                          |
|-----------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities & Governance     | 1                                                                             | Briefly describe the organization's mission or most significant activities: THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS IS A FORESTRY ASSOCIATION SEEKING TO |
|                             | 2                                                                             | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |
|                             | 3                                                                             | Number of voting members of the governing body (Part VI, line 1a) 18                                                                                                     |
|                             | 4                                                                             | Number of independent voting members of the governing body (Part VI, line 1b) 17                                                                                         |
|                             | 5                                                                             | Total number of individuals employed in calendar year 2024 (Part V, line 2a) 77                                                                                          |
|                             | 6                                                                             | Total number of volunteers (estimate if necessary) 362                                                                                                                   |
|                             | 7a                                                                            | Total unrelated business revenue from Part VIII, column (C), line 12 242,797.                                                                                            |
| 7b                          | Net unrelated business taxable income from Form 990-T, Part I, line 11 3,423. |                                                                                                                                                                          |
| Revenue                     | 8                                                                             | Contributions and grants (Part VIII, line 1h) 9,704,429.                                                                                                                 |
|                             | 9                                                                             | Program service revenue (Part VIII, line 2g) 636,941.                                                                                                                    |
|                             | 10                                                                            | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 807,668.                                                                                                   |
|                             | 11                                                                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,126,322.                                                                                      |
|                             | 12                                                                            | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,275,360.                                                                           |
|                             | Expenses                                                                      | 13                                                                                                                                                                       |
| 14                          |                                                                               | Benefits paid to or for members (Part IX, column (A), line 4) 0.                                                                                                         |
| 15                          |                                                                               | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,379,666.                                                                             |
| 16a                         |                                                                               | Professional fundraising fees (Part IX, column (A), line 11e) 0.                                                                                                         |
| b                           |                                                                               | Total fundraising expenses (Part IX, column (D), line 25) 554,953.                                                                                                       |
| 17                          |                                                                               | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,747,742.                                                                                                  |
| 18                          |                                                                               | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,316,004.                                                                                     |
| 19                          |                                                                               | Revenue less expenses. Subtract line 18 from line 12 3,959,356.                                                                                                          |
| Net Assets or Fund Balances | 20                                                                            | Total assets (Part X, line 16) 107,340,365.                                                                                                                              |
|                             | 21                                                                            | Total liabilities (Part X, line 26) 2,206,865.                                                                                                                           |
|                             | 22                                                                            | Net assets or fund balances. Subtract line 21 from line 20 105,133,500.                                                                                                  |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                                 |                                 |                      |              |                                                 |           |
|---------------------------------|---------------------------------|----------------------|--------------|-------------------------------------------------|-----------|
| Sign Here                       | Signature of officer            | Date                 |              |                                                 |           |
|                                 | JACK SAVAGE, PRESIDENT          |                      |              |                                                 |           |
| Paid Preparer Use Only          | Preparer's name                 | Preparer's signature | Date         | Check if self-employed <input type="checkbox"/> | PTIN      |
|                                 | ORESTE J. MOSCA, CPA            | ORESTE J. MOSCA, CPA | 10/14/25     |                                                 | P00366101 |
| Preparer Use Only               | Firm's name                     | Firm's EIN           | Phone no.    |                                                 |           |
|                                 | NATHAN WECHSLER & COMPANY, P.A. | ** - ***7524         | 603-224-5357 |                                                 |           |
| Firm's address                  |                                 |                      |              |                                                 |           |
| 70 COMMERCIAL STREET, 4TH FLOOR |                                 |                      |              |                                                 |           |
| CONCORD, NH 03301               |                                 |                      |              |                                                 |           |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**SOCIETY FOR THE PROTECTION OF NEW  
HAMPSHIRE FORESTS**

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS WAS FOUNDED IN 1901 TO PROTECT THE STATE'S MOST IMPORTANT LANDSCAPES AND PROMOTE THE WISE USE OF ITS NATURAL RESOURCES.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **2,772,700.** including grants of \$ ) (Revenue \$ **797,288.** )

**LAND AND EASEMENT STEWARDSHIP: THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS OWNS AND MANAGES MORE THAN 200 RESERVATIONS COVERING MORE THAN 67,000 ACRES.**

**IN FY2025, WE RAN 14 TIMBER HARVESTS COVERING MORE THAN 700 ACRES. WE HARVESTED 2.9 MILLION BOARD FEET OF SAWLOGS AND 27,000 TONS OF LOW GRADE WOOD. THIS BROUGHT IN \$691,000 IN STUMPAGE REVENUE.**

**WE TRAINED 19 NEW VOLUNTEER LAND STEWARDS, BRINGING OUR TOTAL NUMBER OF LAND STEWARDS TO 186, WHO PROVIDED MORE THAN 1,700 HOURS OF MONITORING AND MAINTENANCE OF OUR FOREST SOCIETY RESERVATIONS ACROSS THE STATE.**

**4b** (Code: ) (Expenses \$ **1,163,840.** including grants of \$ ) (Revenue \$ **20,005.** )

**LAND PROTECTION: THE FOREST SOCIETY CONSERVED 2,307 ACRES THROUGH 9 LAND PROTECTION PROJECTS ACROSS THE STATE. AMONG THE PROJECTS WERE FIVE FEE ACQUISITIONS TOTALING 1,814 ACRES ADDED TO OUR LAND OWNERSHIP AND FOUR CONSERVATION EASEMENTS TOTALING 493 ACRES ON LAND OWNED BY OTHERS.**

**WE CONTINUE TO ADMINISTER REGIONAL LAND PROTECTION PARTNERSHIPS FOR THE QUABBIN TO CARDIGAN REGIONAL PARTNERSHIP AND MERRIMACK RIVER CONSERVATION PARTNERSHIP, WHICH INVOLVE ORGANIZATIONS IN NEW HAMPSHIRE AND MASSACHUSETTS WORKING TOGETHER TO PROTECT THE VITAL NATURAL RESOURCES OF EACH REGION.**

**4c** (Code: ) (Expenses \$ **490,598.** including grants of \$ **108,977.** ) (Revenue \$ **3,270.** )**EDUCATION AND OUTREACH:**

**SELECTED OUTREACH EDUCATION, COMMUNICATIONS, RECREATION STEWARDSHIP EVENTS**

**FY'25 OUTREACH EDUCATION HIGHLIGHTS AND EVENTS LIST**

**MAY 4 NH FARM AND FOREST EXPO AT DEERFIELD FAIR GROUNDS 100+ VISITORS**

**MAY 15TH - CREEK FARM POETRY READING WITH BENJAMIN DOYLE -20 PARTICIPANTS**

**MAY 18TH CREEK FARM: WOODS, WHALES & WATER FESTIVAL AT CREEK FARM WITH BLUE OCEAN SOCIETY. 30 PARTICIPANTS**

**JUNE 7 ROCKS ADULT FIELD CAMP BIRDING / BIRDHOUSES - 9 PARTICIPANTS**

**JUNE 8TH BIRDING WITH JACK SWATT AT ASHUELOT RIVER HEADWATERS -7**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **442,057.** including grants of \$ ) (Revenue \$ **6,812.** )**4e** Total program service expenses **4,869,195.**

**SOCIETY FOR THE PROTECTION OF NEW  
HAMPSHIRE FORESTS**

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes      | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                       | <b>X</b> |          |
| <b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>                                                                                      |          | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>                                                    |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            | <b>X</b> |          |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |          | <b>X</b> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i>         |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                               | <b>X</b> |          |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                                |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       | <b>X</b> |          |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                  |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                  |          | <b>X</b> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                     |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>X</b> |          |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |          | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |          | <b>X</b> |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           |          | <b>X</b> |
| <b>16</b> 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 "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>                                                                                             |          | <b>X</b> |
| <b>18</b> 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>                                                                                                                           |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     |          |          |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                            | <b>X</b> |          |

**SOCIETY FOR THE PROTECTION OF NEW  
HAMPSHIRE FORESTS**

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**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes        | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                                                                                        | <b>22</b>  | <b>X</b> |
| <b>23</b> 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> .....                                                                                                                            | <b>23</b>  | <b>X</b> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                                                                                                  | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b> |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                                                                               | <b>25a</b> | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                               | <b>25b</b> | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                                       | <b>26</b>  | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |            |          |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | <b>X</b> |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                      | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                                                                                             | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                                                                                             | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                                                                                         | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b> | <b>X</b> |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                 | <b>35b</b> |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                  | <b>36</b>  | <b>X</b> |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                                                                                                    | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....                                                                                                                                                                                                                                                                          | <b>38</b>  | <b>X</b> |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

|                                                                                                                                                                         | Yes       | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> | 91       |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> | 0        |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | <b>X</b> |

**SOCIETY FOR THE PROTECTION OF NEW  
HAMPSHIRE FORESTS**

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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|                                                                                                                                                                                                                                                      |              | Yes      | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----------|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                              | <b>2a</b> 77 |          |          |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              |              | <b>X</b> |          |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |              | <b>X</b> |          |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                                                                                                          |              | <b>X</b> |          |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |              |          | <b>X</b> |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |              |          |          |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |              |          | <b>X</b> |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |              |          | <b>X</b> |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           |              |          |          |
| <b>6a</b> 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?                                    |              |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               |              |          |          |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |              |          |          |
| <b>a</b> 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?                                                                                             |              |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             |              |          |          |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        |              |          | <b>X</b> |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | <b>7d</b>    |          |          |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |              |          | <b>X</b> |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |              |          | <b>X</b> |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            |              |          |          |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          |              |          |          |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     |              |          |          |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |              |          |          |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          |              |          |          |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           |              |          |          |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |              |          |          |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | <b>10a</b>   |          |          |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | <b>10b</b>   |          |          |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |              |          |          |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | <b>11a</b>   |          |          |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>   |          |          |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |              |          |          |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | <b>12b</b>   |          |          |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |              |          |          |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            |              |          |          |
| <b>b</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>13b</b>   |          |          |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | <b>13c</b>   |          |          |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                |              |          | <b>X</b> |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                                                                                                            |              |          |          |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               |              |          | <b>X</b> |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               |              |          | <b>X</b> |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      |              |          |          |

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                            |           | Yes      | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                              | <b>1a</b> | 18       |          |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.          |           |          |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent                                                                                                                                | <b>1b</b> | 17       |          |
| <b>2</b> 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?                                             | <b>2</b>  |          | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | <b>3</b>  |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                  | <b>4</b>  |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                        | <b>5</b>  |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                | <b>6</b>  | <b>X</b> |          |
| <b>7a</b> 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?                                                               | <b>7a</b> | <b>X</b> |          |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                         | <b>7b</b> |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                 |           |          |          |
| <b>a</b> The governing body?                                                                                                                                                                                               | <b>8a</b> | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                             | <b>8b</b> | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O      | <b>9</b>  |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                       |            | Yes      | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> |          | <b>X</b> |
| <b>b</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?                                                                   | <b>10b</b> |          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | <b>X</b> |          |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |            |          |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | <b>X</b> |          |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | <b>X</b> |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                                                                                                                                           | <b>12c</b> | <b>X</b> |          |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | <b>X</b> |          |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | <b>X</b> |          |
| <b>15</b> 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?                                                                        |            |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | <b>X</b> |          |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | <b>X</b> |          |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                    |            |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> |          | <b>X</b> |
| <b>b</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? | <b>16b</b> |          |          |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed   NH  

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                    |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) JACK SAVAGE<br>PRESIDENT                       | 40.00                                                                               | X                                                                                                            |                       | X       |              |                              |        | 165,123.                                                                      | 0.                                                                                 | 23,902.                                                                                       |
| (2) ANNE TRUSLOW<br>VICE PRESIDENT FOR DEVELOPMENT | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 112,842.                                                                      | 0.                                                                                 | 13,916.                                                                                       |
| (3) TONY CHEEK<br>VICE PRESIDENT FOR FINANCE       | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 119,207.                                                                      | 0.                                                                                 | 5,814.                                                                                        |
| (4) ALLYSON HICKS<br>SECRETARY                     | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (5) DEB BUXTON<br>TRUSTEE                          | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (6) DON FLOYD<br>TRUSTEE                           | 3.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (7) DREW KELLNER<br>CHAIR                          | 3.85                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) ELIZABETH SALAS<br>TRUSTEE                     | 1.50                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) GEORGE EPSTEIN<br>TRUSTEE                      | 1.50                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) JANET ZELLER<br>TRUSTEE                       | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) JASON HICKS<br>TREASURER                      | 1.20                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12) MICHAEL MORISON<br>TRUSTEE                    | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13) AMY REAGLE MEYERS<br>TRUSTEE                  | 1.15                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) PATRICIA LOSIK<br>TRUSTEE                     | 1.50                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (15) PETER FAUVER<br>VICE CHAIR                    | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (16) PHILIP BRYCE<br>TRUSTEE                       | 1.42                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (17) THOMAS WAGNER<br>TRUSTEE                      | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

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

| (A)<br>Name and title                                                | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                             | Individual trustee or director                                                                                     | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                                  |                                                                                                    |                                                                                                                    |
| (18) WILLIAM TUCKER<br>TRUSTEE                                       | 2.50                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (19) JAMESON FRENCH<br>TRUSTEE                                       | 3.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| (20) SUSAN ARNOLD<br>TRUSTEE                                         | 1.00                                                                                                        | X                                                                                                                  |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                             |                                                                                                                    |                       |         |              |                              |        |                                                                                                  |                                                                                                    |                                                                                                                    |
| <b>1b Subtotal</b> .....                                             |                                                                                                             |                                                                                                                    |                       |         |              |                              |        | 397,172.                                                                                         | 0.                                                                                                 | 43,632.                                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                                             |                                                                                                                    |                       |         |              |                              |        | 0.                                                                                               | 0.                                                                                                 | 0.                                                                                                                 |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                                             |                                                                                                                    |                       |         |              |                              |        | 397,172.                                                                                         | 0.                                                                                                 | 43,632.                                                                                                            |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

|                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                          |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                         | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------|--------------------------------|---------------------|
| TOWN 4 TRAIL SERVICES, LLC<br>PO BOX 155, TROY, ME 04987 | FOREST MAINTENANCE             | 357,352.            |
| RANSMEIER & SPELLMAN<br>PO BOX 600, CONCORD, NH 03302    | LEGAL                          | 125,312.            |
|                                                          |                                |                     |
|                                                          |                                |                     |
|                                                          |                                |                     |

**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**



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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                               |                                                                                                                                                    |           |                                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....                                                                                                               | <b>1a</b> |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>b</b> Membership dues .....                                                                                                                     | <b>1b</b> | 465,693.                       |                      |                                              |                                      |                                                                 |
|                                                                               | <b>c</b> Fundraising events .....                                                                                                                  | <b>1c</b> |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>d</b> Related organizations .....                                                                                                               | <b>1d</b> |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>e</b> Government grants (contributions) .....                                                                                                   | <b>1e</b> | 1,802,971.                     |                      |                                              |                                      |                                                                 |
|                                                                               | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ...                                                     | <b>1f</b> | 8,532,069.                     |                      |                                              |                                      |                                                                 |
|                                                                               | <b>g</b> Noncash contributions included in lines 1a-1f                                                                                             | <b>1g</b> | \$ 2,651,100.                  |                      |                                              |                                      |                                                                 |
|                                                                               | <b>h Total.</b> Add lines 1a-1f .....                                                                                                              |           |                                |                      |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                            |                                                                                                                                                    |           | <b>Business Code</b>           |                      |                                              |                                      |                                                                 |
|                                                                               | <b>2 a</b> FOREST OPERATIONS                                                                                                                       |           | 110000                         | 715,939.             | 715,939.                                     |                                      |                                                                 |
|                                                                               | <b>b</b> REIMBURSEMENT FOR SERVICES                                                                                                                |           | 611600                         | 111,739.             | 111,739.                                     |                                      |                                                                 |
|                                                                               | <b>c</b> .....                                                                                                                                     |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>d</b> .....                                                                                                                                     |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>e</b> .....                                                                                                                                     |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>f</b> All other program service revenue .....                                                                                                   |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>g Total.</b> Add lines 2a-2f .....                                                                                                              |           |                                | 827,678.             |                                              |                                      |                                                                 |
| <b>Other Revenue</b>                                                          | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....                                                     |           |                                | 894,343.             |                                              |                                      | 894,343.                                                        |
|                                                                               | <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>5</b> Royalties .....                                                                                                                           |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               |                                                                                                                                                    |           | (i) Real      (ii) Personal    |                      |                                              |                                      |                                                                 |
|                                                                               | <b>6 a</b> Gross rents .....                                                                                                                       | <b>6a</b> | 477,284.                       |                      |                                              |                                      |                                                                 |
|                                                                               | <b>b</b> Less: rental expenses ...                                                                                                                 | <b>6b</b> | 72,814.                        |                      |                                              |                                      |                                                                 |
|                                                                               | <b>c</b> Rental income or (loss)                                                                                                                   | <b>6c</b> | 404,470.                       |                      |                                              |                                      |                                                                 |
|                                                                               | <b>d</b> Net rental income or (loss) .....                                                                                                         |           |                                | 404,470.             |                                              |                                      | 404,470.                                                        |
|                                                                               |                                                                                                                                                    |           | (i) Securities      (ii) Other |                      |                                              |                                      |                                                                 |
|                                                                               | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                               | <b>7a</b> | 1,071,805.                     | 600,000.             |                                              |                                      |                                                                 |
|                                                                               | <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     | <b>7b</b> | 1,027,415.                     | 550,000.             |                                              |                                      |                                                                 |
|                                                                               | <b>c</b> Gain or (loss) .....                                                                                                                      | <b>7c</b> | 44,390.                        | 50,000.              |                                              |                                      |                                                                 |
|                                                                               | <b>d</b> Net gain or (loss) .....                                                                                                                  |           |                                | 94,390.              |                                              |                                      | 94,390.                                                         |
|                                                                               | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>b</b> Less: direct expenses .....                                                                                                               | <b>8b</b> |                                |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from fundraising events .....                   |                                                                                                                                                    |           |                                |                      |                                              |                                      |                                                                 |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... |                                                                                                                                                    |           |                                |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                          | <b>9b</b>                                                                                                                                          |           |                                |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                    |                                                                                                                                                    |           |                                |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    |                                                                                                                                                    |           | 347,142.                       |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                       | <b>10b</b>                                                                                                                                         | 95,394.   |                                |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                   |                                                                                                                                                    |           | 251,748.                       | 8,951.               | 242,797.                                     |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                              |                                                                                                                                                    |           | <b>Business Code</b>           |                      |                                              |                                      |                                                                 |
|                                                                               | <b>11 a</b> MISCELLANEOUS                                                                                                                          |           | 900099                         | 671.                 | 671.                                         |                                      |                                                                 |
|                                                                               | <b>b</b> .....                                                                                                                                     |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>c</b> .....                                                                                                                                     |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>d</b> All other revenue .....                                                                                                                   |           |                                |                      |                                              |                                      |                                                                 |
|                                                                               | <b>e Total.</b> Add lines 11a-11d .....                                                                                                            |           |                                | 671.                 |                                              |                                      |                                                                 |
| <b>12 Total revenue.</b> See instructions .....                               |                                                                                                                                                    |           | 13,274,033.                    | 837,300.             | 242,797.                                     | 1393203.                             |                                                                 |

**SOCIETY FOR THE PROTECTION OF NEW  
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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ **X**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                                                                | 108,977.              | 108,977.                        |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....                                                                                                  |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members .....                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....                                                                                                                                                          | 222,601.              | 5,123.                          | 162,401.                               | 55,077.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....                                                                                      |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages .....                                                                                                                                                                                                          | 2,563,379.            | 1,840,167.                      | 408,468.                               | 314,744.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....                                                                                                                                | 75,541.               | 53,993.                         | 11,047.                                | 10,501.                     |
| <b>9</b> Other employee benefits .....                                                                                                                                                                                                           | 366,507.              | 267,046.                        | 46,248.                                | 53,213.                     |
| <b>10</b> Payroll taxes .....                                                                                                                                                                                                                    | 209,219.              | 141,075.                        | 40,808.                                | 27,336.                     |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>b</b> Legal .....                                                                                                                                                                                                                             | 121,614.              | 119,641.                        | 1,973.                                 |                             |
| <b>c</b> Accounting .....                                                                                                                                                                                                                        | 32,800.               |                                 | 32,800.                                |                             |
| <b>d</b> Lobbying .....                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees .....                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 750,155.              | 633,459.                        | 98,490.                                | 18,206.                     |
| <b>12</b> Advertising and promotion .....                                                                                                                                                                                                        | 101,672.              | 92,700.                         | 45.                                    | 8,927.                      |
| <b>13</b> Office expenses .....                                                                                                                                                                                                                  | 182,759.              | 95,100.                         | 34,709.                                | 52,950.                     |
| <b>14</b> Information technology .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>15</b> Royalties .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>16</b> Occupancy .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>17</b> Travel .....                                                                                                                                                                                                                           | 60,648.               | 52,267.                         | 5,928.                                 | 2,453.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...                                                                                                                                     |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings .....                                                                                                                                                                                           | 27,931.               | 19,951.                         | 7,980.                                 |                             |
| <b>20</b> Interest .....                                                                                                                                                                                                                         | 70,896.               | 70,896.                         |                                        |                             |
| <b>21</b> Payments to affiliates .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization .....                                                                                                                                                                                        | 480,136.              | 463,327.                        | 16,809.                                |                             |
| <b>23</b> Insurance .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |                                        |                             |
| <b>a BUILDING AND GROUNDS</b> .....                                                                                                                                                                                                              | 449,409.              | 430,790.                        | 17,277.                                | 1,342.                      |
| <b>b DONATED CONSERVATION EA</b> .....                                                                                                                                                                                                           | 400,000.              | 400,000.                        |                                        |                             |
| <b>c PROGRAM AND EVENT EXPEN</b> .....                                                                                                                                                                                                           | 51,831.               | 31,588.                         | 19,182.                                | 1,061.                      |
| <b>d SUBSCRIPTIONS</b> .....                                                                                                                                                                                                                     | 36,411.               | 33,156.                         | 2,930.                                 | 325.                        |
| <b>e All other expenses</b> <u>SEE SCH O</u> .....                                                                                                                                                                                               | 23,400.               | 9,939.                          | 4,643.                                 | 8,818.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 6,335,886.            | 4,869,195.                      | 911,738.                               | 554,953.                    |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**SOCIETY FOR THE PROTECTION OF NEW  
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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

|                                                                                  |                                                                                                                                                                                                                                      | (A)<br>Beginning of year |              | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                           | 924.                     | <b>1</b>     | 924.               |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                | 8,392,395.               | <b>2</b>     | 10,786,398.        |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                    | 445,753.                 | <b>3</b>     | 2,426,913.         |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                              | 47,782.                  | <b>4</b>     | 72,619.            |
|                                                                                  | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                                  |                          | <b>6</b>     |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                       |                          | <b>7</b>     |                    |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                           | 64,018.                  | <b>8</b>     | 73,622.            |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                                 | 112,854.                 | <b>9</b>     | 132,257.           |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....                                                                                                                              | 88,853,316.              |              |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                        | 5,713,489.               |              |                    |
|                                                                                  |                                                                                                                                                                                                                                      | 80,404,860.              | <b>10c</b>   | 83,139,827.        |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                             | 17,796,355.              | <b>11</b>    | 18,699,383.        |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                 |                          | <b>12</b>    |                    |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                  |                          | <b>13</b>    |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                                    |                          | <b>14</b>    |                    |
| <b>15</b> Other assets. See Part IV, line 11 .....                               | 75,424.                                                                                                                                                                                                                              | <b>15</b>                | 81,089.      |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 107,340,365.                                                                                                                                                                                                                         | <b>16</b>                | 115,413,032. |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                | 404,605.                 | <b>17</b>    | 511,927.           |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                       |                          | <b>18</b>    |                    |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                                     |                          | <b>19</b>    |                    |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                          |                          | <b>20</b>    |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                                |                          | <b>21</b>    |                    |
|                                                                                  | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | <b>22</b>    |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                       |                          | <b>23</b>    |                    |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                         | 1,721,450.               | <b>24</b>    | 1,655,989.         |
|                                                                                  | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....                                          | 80,810.                  | <b>25</b>    | 78,458.            |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                    | 2,206,865.               | <b>26</b>    | 2,246,374.         |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                          |                          |              |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                                | 15,776,073.              | <b>27</b>    | 17,617,936.        |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                                   | 89,357,427.              | <b>28</b>    | 95,548,722.        |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                                   |                          |              |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                                   |                          | <b>29</b>    |                    |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                                     |                          | <b>30</b>    |                    |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                                     |                          | <b>31</b>    |                    |
|                                                                                  | <b>32</b> <b>Total net assets or fund balances</b> .....                                                                                                                                                                             | 105,133,500.             | <b>32</b>    | 113,166,658.       |
|                                                                                  | <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....                                                                                                                                                                | 107,340,365.             | <b>33</b>    | 115,413,032.       |

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**SOCIETY FOR THE PROTECTION OF NEW  
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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☒ **X**

|           |                                                                                                                |           |              |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 13,274,033.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 6,335,886.   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 6,938,147.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 105,133,500. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 1,104,141.   |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |              |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | -9,130.      |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 113,166,658. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☒ **X**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes       | No       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                             |           |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | <b>X</b> |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>2b</b> | <b>X</b> |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                     | <b>2c</b> | <b>X</b> |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           | <b>3a</b> | <b>X</b> |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                      | <b>3b</b> |          |

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public Inspection**

Employer identification number  
\*\* - \*\*\* 2237

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations .....

**g** Provide the following information about the supported organization(s).

| g. Provide the following information about the supported organization(s): |          |                                                                               |                                                             |    |                                                   |                                                 |
|---------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| (i) Name of supported organization                                        | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|                                                                           |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                                                           |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                           |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                           |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                           |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                           |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                           |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                                                              |          |                                                                               |                                                             |    |                                                   |                                                 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 9752851. | 7637372. | 8768159. | 9704429. | 10800733. | 46663544. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 9752851. | 7637372. | 8768159. | 9704429. | 10800733. | 46663544. |
| <b>5</b> 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) ..... |          |          |          |          |           | 1588372.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |           | 45075172. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                | 9752851. | 7637372. | 8768159. | 9704429. | 10800733. | 46663544.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                    | 540,306. | 697,752. | 901,538. | 1189509. | 1371627.  | 4700732.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                 |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |          |          |          |          |           | 51364276.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12        |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | <b>14</b> | 87.76 | %                                   |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | <b>15</b> | 85.93 | %                                   |
| <b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |           |       | <input type="checkbox"/>            |

Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)                                                                                                                                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| c Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                               | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| c Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

|                                                                                                  |    |   |
|--------------------------------------------------------------------------------------------------|----|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) ..... | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 .....                       | 16 | % |

Section D. Computation of Investment Income Percentage

|                                                                                                       |    |   |
|-------------------------------------------------------------------------------------------------------|----|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) ..... | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....                         | 18 | % |

19a 33 1/3% support tests - 2024. 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 ☐

b 33 1/3% support tests - 2023. 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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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)? <i>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.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                       |     |    |



**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> 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 <b>Part VI</b> 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. |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> 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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                                |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                                |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                                |
| 4                               | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                                |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                                |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                                |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                                |

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a                                | Average monthly value of securities                                                                                             | 1a             |                                |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                               |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                                |
| 3                                | Subtract line 2 from line 1d.                                                                                                   | 3              |                                |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                                |
| 6                                | Multiply line 5 by 0.035.                                                                                                       | 6              |                                |
| 7                                | Recoveries of prior-year distributions                                                                                          | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                                |

| Section C - Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**SOCIETY FOR THE PROTECTION OF NEW  
HAMPSHIRE FORESTS**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>                                                                                                                             |           | <b>Current Year</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>  |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                                | <b>6</b>  |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                  | <b>7</b>  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>  |                     |
| <b>9</b> Distributable amount for 2024 from Section C, line 6                                                                                                | <b>9</b>  |                     |
| <b>10</b> Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b> |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)                                                                                                                           | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2024</b> | <b>(iii)<br/>Distributable<br/>Amount for 2024</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2024 from Section C, line 6                                                                                                                            |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2024                                                                                                                                 |                                     |                                                 |                                                    |
| <b>a</b> From 2019                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>b</b> From 2020                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>c</b> From 2021                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>d</b> From 2022                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>e</b> From 2023                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through 3e                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>g</b> Applied to under distributions of prior years                                                                                                                                   |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2024 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2019 not applied (see instructions)                                                                                                                              |                                     |                                                 |                                                    |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$                                                                                                                               |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2024 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.                                                                                                                    |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2020                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2021                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2022                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2023                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2024                                                                                                                                                                |                                     |                                                 |                                                    |

## Part VI

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

SCHEDULE C  
(Form 990)

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization | SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS | Employer identification number (EIN) | **-***2237 |
|----------------------|-----------------------------------------------------|--------------------------------------|------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs 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.

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

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

Schedule C (Form 990) 2024

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                               |                                                    | (a) Filing organization's totals | (b) Affiliated group totals                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|----------------------------------------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)                                                                    |                                                    | 3,686.                           |                                                          |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |                                                    | 26,737.                          |                                                          |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                 |                                                    | 30,423.                          |                                                          |
| <b>d</b> Other exempt purpose expenditures                                                                                                                 |                                                    | 6,309,149.                       |                                                          |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           |                                                    | 6,339,572.                       |                                                          |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                            |                                                    | 466,979.                         |                                                          |
| <b>IF the amount on line 1e, column (a) or (b), is:</b>                                                                                                    | <b>THEN the lobbying nontaxable amount is:</b>     |                                  |                                                          |
| 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.                                       |                                  |                                                          |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               |                                                    | 116,745.                         |                                                          |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         |                                                    | 0.                               |                                                          |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         |                                                    | 0.                               |                                                          |
| <b>j</b> 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? |                                                    |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |            |
|---------------------------------------------------------------------|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 441,437. | 457,933. | 565,985. | 466,979. | 1,932,334. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 2,898,501. |
| <b>c</b> Total lobbying expenditures                                | 34,056.  | 37,522.  | 45,461.  | 30,423.  | 147,462.   |
| <b>d</b> Grassroots nontaxable amount                               | 110,359. | 114,483. | 141,496. | 116,745. | 483,083.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 724,625.   |
| <b>f</b> Grassroots lobbying expenditures                           | 3,344.   | 3,511.   | 3,686.   | 3,686.   | 14,227.    |

Schedule C (Form 990) 2024

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768  
(election under section 501(h)).For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description  
of the lobbying activity.

|                                                                                                                                                                                                                                         | (a) |    | (b)    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                         | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                              |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...                                                                                                                               |     |    |        |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                    |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                         |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                      |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                     |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                              |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                                |     |    |        |
| <b>i</b> Other activities? .....                                                                                                                                                                                                        |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                           |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....                                                                                                                           |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                        |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                               |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                             |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                                                    | Yes      | No |
|------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                                        | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

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

|                                                                                                                                                                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments, and similar amounts from members .....                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):                                                                                        |           |  |
| <b>a</b> Current year .....                                                                                                                                                                                                                                | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....                                                                                                                                                                                                                    | <b>2b</b> |  |
| <b>c</b> Total .....                                                                                                                                                                                                                                       | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....                                                                                                                                             | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....                                                                                                                                                                     | <b>5</b>  |  |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-A, LINES 1 AND 2**

GRASSROOTS LOBBYING IS LARGELY PERFORMED BY ONE FOREST SOCIETY POLICY STAFF ON ISSUES FOR WHICH WE ARE ALSO LOBBYING FEDERAL AND STATE LEGISLATORS. FOR EXAMPLE, TO SUPPORT OUR LEGISLATIVE LOBBYING FOR PUBLIC FUNDING OF LAND CONSERVATION, WE ALLOCATE TIME TO WORK WITH SISTER CONSERVATION ORGANIZATIONS TO REACH OUT DIRECTLY TO VOTERS ASKING THEM TO CONTACT THEIR LEGISLATORS TO SUPPORT SUCH FUNDING INITIATIVES. LEGISLATIVE LOBBYING INCLUDES DIRECT CONTACT WITH FEDERAL AND STATE LEGISLATORS CONCERNING LEGISLATIVE PROPOSALS DEALING WITH PUBLIC POLICIES RELATIVE TO LAND CONSERVATION, CLIMATE CHANGE, FORESTRY, ENERGY, LAND USE, CURRENT USE. OF THE TIME SPENT ON LOBBYING ABOUT 30% IS SPENT ON FEDERAL LEGISLATION AND 70% ON STATE LEGISLATION.

SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

Employer identification number  
**\*\*-\*\*\*2237**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☒ Preservation of land for public use (for example, recreation or education) ☒ Preservation of a historically important land area  
☒ Protection of natural habitat ☐ Preservation of a certified historic structure  
☒ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a 783                          |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b 139,264.00                   |
| c Number of conservation easements on a certified historic structure included on line 2a .....                                                             | 2c 0                            |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d 0                            |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3

4 Number of states where property subject to conservation easement is located 2

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☒ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6992

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 390,468.

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☒ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....



Schedule D (Form 990) (Rev. 12-2024) **HAMPSHIRE FORESTS**

**\*\* - \*\*\*2237 Page 2**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV** **Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                              |           |
|----------------------------------------------|-----------|
|                                              | Amount    |
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

|               |                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------|
| <b>Part V</b> | <b>Endowment Funds</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 10. |
|---------------|---------------------------------------------------------------------------------------------------|

|                                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                        | 17,796,355.      | 15,596,680.    | 15,833,898.        | 17,326,677.          | 14,181,285.         |
| <b>b</b> Contributions .....                                     | 289,603.         | 1,283,378.     | 772,291.           | 317,985.             |                     |
| <b>c</b> Net investment earnings, gains, and losses              | 1,710,230.       | 1,754,775.     | 69,203.            | -1,028,424.          | 3,838,023.          |
| <b>d</b> Grants or scholarships .....                            |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities<br>and programs ..... | 1,071,805.       | 813,478.       | 1,053,712.         | 757,340.             | 667,631.            |
| <b>f</b> Administrative expenses .....                           | 25,000.          | 25,000.        | 25,000.            | 25,000.              | 25,000.             |
| <b>g</b> End of year balance                                     | 18,699,383.      | 17,796,355.    | 15,596,680.        | 15,833,898.          | 17,326,677.         |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

|   |                                     |         |   |
|---|-------------------------------------|---------|---|
| a | Board designated or quasi-endowment | 18.1900 | % |
|---|-------------------------------------|---------|---|

|                              |         |   |
|------------------------------|---------|---|
| <b>b</b> Permanent endowment | 60.7600 | % |
|------------------------------|---------|---|

|                  |           |
|------------------|-----------|
| c Term endowment | 21.0500 % |
|------------------|-----------|

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

(i) Unrelated organizations?

(ii) Related organizations?

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

|                |                                       |
|----------------|---------------------------------------|
| <b>Part VI</b> | <b>Land, Buildings, and Equipment</b> |
|----------------|---------------------------------------|

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                     | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....                                                                                        |                                      | 73,729,752.                     |                              | 73,729,752.    |
| <b>b</b> Buildings .....                                                                                    |                                      | 11,695,841.                     | 4,060,478.                   | 7,635,363.     |
| <b>c</b> Leasehold improvements .....                                                                       |                                      | 1,868,125.                      | 634,734.                     | 1,233,391.     |
| <b>d</b> Equipment .....                                                                                    |                                      | 942,898.                        | 715,878.                     | 227,020.       |
| <b>e</b> Other .....                                                                                        |                                      | 616,700.                        | 302,399.                     | 314,301.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) ..... |                                      |                                 |                              | 83,139,827.    |

Schedule D (Form 990) (Rev. 12-2024)

## SOCIETY FOR THE PROTECTION OF NEW

Schedule D (Form 990) (Rev. 12-2024) **HAMPSHIRE FORESTS****\*\* - \*\*\*2237** Page **3****Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                         |                |                                                           |
| (2) Closely held equity interests .....                                 |                |                                                           |
| (3) Other .....                                                         |                |                                                           |
| (A)                                                                     |                |                                                           |
| (B)                                                                     |                |                                                           |
| (C)                                                                     |                |                                                           |
| (D)                                                                     |                |                                                           |
| (E)                                                                     |                |                                                           |
| (F)                                                                     |                |                                                           |
| (G)                                                                     |                |                                                           |
| (H)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |                                                           |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                           | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                                     |                |                                                           |
| (2)                                                                     |                |                                                           |
| (3)                                                                     |                |                                                           |
| (4)                                                                     |                |                                                           |
| (5)                                                                     |                |                                                           |
| (6)                                                                     |                |                                                           |
| (7)                                                                     |                |                                                           |
| (8)                                                                     |                |                                                           |
| (9)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1)                                                                       |                |
| (2)                                                                       |                |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1.                                                                        | (a) Description of liability | (b) Book value |
|---------------------------------------------------------------------------|------------------------------|----------------|
|                                                                           | (1) Federal income taxes     |                |
|                                                                           | (2) <b>ANNUITIES PAYABLE</b> | <b>78,458.</b> |
|                                                                           | (3)                          |                |
|                                                                           | (4)                          |                |
|                                                                           | (5)                          |                |
|                                                                           | (6)                          |                |
|                                                                           | (7)                          |                |
|                                                                           | (8)                          |                |
|                                                                           | (9)                          |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) |                              | <b>78,458.</b> |

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

Schedule D (Form 990) (Rev. 12-2024)

## SOCIETY FOR THE PROTECTION OF NEW

Schedule D (Form 990) (Rev. 12-2024) **HAMPSHIRE FORESTS**\*\*-\*\*\*2237 Page **4****Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                |           |             |
|----------|------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 14,546,382. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments                                                   | <b>2a</b> | 1,104,141.  |
| <b>b</b> | Donated services and use of facilities                                                         | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants                                                                | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)                                                                 | <b>2d</b> | 168,208.    |
| <b>e</b> | Add lines 2a through 2d                                                                        | <b>2e</b> | 1,272,349.  |
| <b>3</b> | Subtract line 2e from line 1                                                                   | <b>3</b>  | 13,274,033. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)                                                                 | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b                                                                            | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 13,274,033. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                 |           |            |
|----------|-------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 6,513,224. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities                                                          | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments                                                                          | <b>2b</b> |            |
| <b>c</b> | Other losses                                                                                    | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)                                                                  | <b>2d</b> | 177,338.   |
| <b>e</b> | Add lines 2a through 2d                                                                         | <b>2e</b> | 177,338.   |
| <b>3</b> | Subtract line 2e from line 1                                                                    | <b>3</b>  | 6,335,886. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)                                                                  | <b>4b</b> |            |
| <b>c</b> | Add lines 4a and 4b                                                                             | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 6,335,886. |

**Part XIII Supplemental Information**

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

**PART II, LINE 3:**

**1. SALE IN LIEU OF CONDEMNATION:** FERNALD ET AL. CE. THE FOREST SOCIETY HOLDS A CONSERVATION EASEMENT ON LAND IN NOTTINGHAM KNOWN AS THE FERNALD ET AL. CE (A.K.A. MULLIGAN FOREST), OWNED BY JAMES S. FERNALD, DEBORAH F. STEVENS AND THE FREDERICK S. FERNALD 1992 TRUST. THE TOWN OF NOTTINGHAM WORKED WITH THE FOREST SOCIETY TO CONDUCT A SALE IN LIEU OF CONDEMNATION OF .04 ACRES AS ALLOWED BY THE CONSERVATION DEED TO CONSTRUCT, RELOCATE, MAINTAIN AND REPAIR THE NORTH RIVER CHANNEL NEAR NH ROUTE 152. THE TRANSACTION WAS REVIEWED AND APPROVED BY THE FOREST SOCIETY'S BOARD OF TRUSTEES WITH OVERSIGHT BY OUR OUTSIDE LEGAL COUNSEL. THE NEW HAMPSHIRE ATTORNEY GENERAL'S OFFICE WAS NOTIFIED AFTER THE FACT.

**2. TRUE ADDITION:** NYE CE. AMENDMENT TO ADD 72.34 ACRES TO THE EXISTING NYE CE. JOSEPH AND MOLLY NYE, THE ORIGINAL GRANTORS OF THE CONSERVATION EASEMENT, DONATED AN ADDITIONAL 72.34 ACRES TO THE EXISTING EASEMENT. THE EASEMENT TERMS WERE NOT MODIFIED OR AMENDED. THE ADDITION WAS REVIEWED AND APPROVED BY THE NEW HAMPSHIRE ATTORNEY GENERAL AND THE FOREST SOCIETY'S BOARD OF TRUSTEES WITH OVERSIGHT BY OUTSIDE LEGAL COUNSEL.

**3. TRANSFER:** WOODMAN CE. ASSIGNMENT OF GRANTEE INTEREST TO NEW ENGLAND FORESTRY FOUNDATION WITHOUT CONSIDERATION. THE NEW ENGLAND FORESTRY FOUNDATION, IN RETURN, ASSIGNED GRANTEE INTEREST TO THE FOREST SOCIETY IN THE HATCH CE, IN WHICH THE FOREST SOCIETY ALREADY HELD EXECUTORY INTEREST. THE TERMS OR ACRES INCLUDED IN THE CONSERVATION WERE NOT MODIFIED OR AMENDED. THE ASSIGNMENT WAS REVIEWED AND APPROVED BY THE NEW HAMPSHIRE ATTORNEY GENERAL AND THE FOREST SOCIETY'S BOARD OF TRUSTEES WITH OVERSIGHT BY OUTSIDE LEGAL COUNSEL.

## SOCIETY FOR THE PROTECTION OF NEW

Schedule D (Form 990) (Rev. 12-2024) HAMPSHIRE FORESTS

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**Part XIII** Supplemental Information (continued)

## PART II, LINE 9:

PURCHASED CONSERVATION EASEMENTS ARE EXPENSED IN THE YEAR THEY ARE PURCHASED AND ARE INCLUDED IN THE EXPENSES FOR THE LAND PROTECTION PROGRAM. THE VALUE OF DONATED CONSERVATIONS EASEMENTS, FOR WHICH A VALUE HAS BEEN ESTABLISHED, IS LISTED IN SCHEDULE M OF THIS RETURN.

## PART V, LINE 4:

FUNDS LISTED AS ENDOWMENT FUNDS ON THIS RETURN INCLUDE ALL INVESTED FUNDS. DONOR RESTRICTED ENDOWMENT FUNDS INCLUDE THOSE THAT USED IN ACCORDANCE WITH THE WISHES OF THE ORIGINAL DONORS AND ARE SUBJECT TO THE FOREST SOCIETY'S SPENDING POLICY. THE FUNDS RESTRICTED TO THE PURCHASE OF FEE INTEREST IN LAND BY THE DONOR'S WISHES ARE ALSO INVESTED UNTIL USED. DONOR RESTRICTED ENDOWMENT FUNDS ALSO INCLUDE THOSE THAT ARE USED FOR THE PURPOSES FOR WHICH THEY ARE INTENDED. DONOR RESTRICTED INVESTMENTS INCLUDE \$1,853,627 OF INVESTED RESTRICTED FUNDS AND \$1,889,118 OF THE PORTION OF PERPETUAL ENDOWMENT FUNDS SUBJECT TO TIME RESTRICTION UNDER UPMIFA AT APRIL 30, 2025. THE FUNDS WITHOUT DONOR RESTRICTIONS ARE SUBJECT TO THE FOREST SOCIETY'S SPENDING POLICY TO SUPPORT OPERATIONS BUT ARE ALSO AVAILABLE FOR THE ORGANIZATION'S USE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES. THE INVESTED FUNDS WITHOUT DONOR RESTRICTIONS ALSO INCLUDES CHARITABLE GIFT ANNUITIES AMOUNTING TO \$472,129 AT APRIL 30, 2025.

## PART X, LINE 2:

THE FOREST SOCIETY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DESCRIBED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE FOREST SOCIETY PAYS A NOMINAL AMOUNT OF TAX RELATING TO UNRELATED BUSINESS ACTIVITIES, PRIMARILY FROM GIFT SHOP AND CHRISTMAS TREE SALES.

THE FOREST SOCIETY HAS ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, MANAGEMENT HAS EVALUATED THE FOREST SOCIETY'S TAX POSITIONS AND CONCLUDED THE FOREST SOCIETY HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOREST SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2022.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

|                                       |          |
|---------------------------------------|----------|
| COST OF INVENTORY SALES               | 95,394.  |
| RENTAL EXPENSES                       | 72,814.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 168,208. |

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

|                                        |          |
|----------------------------------------|----------|
| COST OF INVENTORY SALES                | 95,394.  |
| CHANGE IN PRESENT VALUE OF ANNUITIES   | 9,130.   |
| RENTAL EXPENSES                        | 72,814.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 177,338. |

SCHEDULE I  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

Employer identification number  
**\*\*-\*\*\*2237**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance                                      |
|---------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------|
| ESSEX COUNTY GREENBELT ASSOCIATION<br>P.O. BOX 1026<br>ESSEX, MA 01929                | **_***4297 | 501C3                           | 7,796.                   | 0.                               |                                                       |                                       | MERRIMACK CONSERVATION<br>PARTNERSHIP LAND<br>TRANSACTION GRANT PROGRAM |
| FIVE RIVERS CONSERVATION TRUST<br>10 FERRY STREET, SUITE #311A<br>CONCORD, NH 03301   | **_***7594 | 501C3                           | 32,381.                  | 0.                               |                                                       |                                       | MERRIMACK CONSERVATION<br>PARTNERSHIP LAND<br>TRANSACTION GRANT PROGRAM |
| SOUTHEAST LAND TRUST OF NEW<br>HAMPSHIRE - 247 NORTH RIVER ROAD -<br>EPPING, NH 03042 | **_***7418 | 501C3                           | 18,696.                  | 0.                               |                                                       |                                       | MERRIMACK CONSERVATION<br>PARTNERSHIP LAND<br>TRANSACTION GRANT PROGRAM |
| SUDBURY VALLEY TRUSTEES<br>18 WOLBACH ROAD<br>SUDBURY, MA 01776                       | **_***9963 | 501C3                           | 8,422.                   | 0.                               |                                                       |                                       | MERRIMACK CONSERVATION<br>PARTNERSHIP LAND<br>TRANSACTION GRANT PROGRAM |
| TOWN OF BROOKLINE<br>PO BOX 360<br>BROOKLINE, NH 03033                                | **_***3986 | 149                             | 13,052.                  | 0.                               |                                                       |                                       | MERRIMACK CONSERVATION<br>PARTNERSHIP LAND<br>TRANSACTION GRANT PROGRAM |
|                                                                                       |            |                                 |                          |                                  |                                                       |                                       |                                                                         |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

SOCIETY FOR THE PROTECTION OF NEW

Schedule I (Form 990) (Rev. 12-2024) **HAMPSHIRE FORESTS**

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**Part III** **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 assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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  
APPLICATION PROCESS. GRANTS ARE AWARDED TO COVER TRANSACTION COSTS INCURRED  
FOR COMPLETING LAND PROTECTION PROJECTS OR TRAIL, SCIENCE, EDUCATION OR  
OUTREACH PROJECTS. THE GRANTS REIMBURSE THE AWARDEE ORGANIZATION FOR MONIES  
ALREADY SPENT TO COMPLETE PROJECTS. COPIES OF PAID INVOICES MUST BE  
SUBMITTED BEFORE FUNDS ARE DISBURSED TO THE GRANTEE.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW  
HAMPSHIRE FORESTS

Employer identification number

\*\*-\*\*\*2237

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) **HAMPSHIRE FORESTS**

Page 2

**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.

[illegible]



## 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.

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal blue or grey lines across its entire width. The lines are uniform in thickness and spacing, providing a template for writing. There are no margins, text, or other markings on the page.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization **SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS** Employer identification number  
**\*\*-\*\*\*2237**

Part I Types of Property

|                                                                       | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art .....                                            |                               |                                                           |                                                                                    |                                                              |
| 2 Art - Historical treasures .....                                    |                               |                                                           |                                                                                    |                                                              |
| 3 Art - Fractional interests .....                                    |                               |                                                           |                                                                                    |                                                              |
| 4 Books and publications .....                                        |                               |                                                           |                                                                                    |                                                              |
| 5 Clothing and household goods .....                                  |                               |                                                           |                                                                                    |                                                              |
| 6 Cars and other vehicles .....                                       |                               |                                                           |                                                                                    |                                                              |
| 7 Boats and planes .....                                              |                               |                                                           |                                                                                    |                                                              |
| 8 Intellectual property .....                                         |                               |                                                           |                                                                                    |                                                              |
| 9 Securities - Publicly traded .....                                  |                               |                                                           |                                                                                    |                                                              |
| 10 Securities - Closely held stock .....                              |                               |                                                           |                                                                                    |                                                              |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |                                                           |                                                                                    |                                                              |
| 12 Securities - Miscellaneous .....                                   |                               |                                                           |                                                                                    |                                                              |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |                                                           |                                                                                    |                                                              |
| 14 Qualified conservation contribution - Other ...                    |                               |                                                           |                                                                                    |                                                              |
| 15 Real estate - Residential .....                                    |                               |                                                           |                                                                                    |                                                              |
| 16 Real estate - Commercial .....                                     |                               |                                                           |                                                                                    |                                                              |
| 17 Real estate - Other .....                                          | X                             | 8                                                         | 2,651,100.                                                                         | APPRAISAL                                                    |
| 18 Collectibles .....                                                 |                               |                                                           |                                                                                    |                                                              |
| 19 Food inventory .....                                               |                               |                                                           |                                                                                    |                                                              |
| 20 Drugs and medical supplies .....                                   |                               |                                                           |                                                                                    |                                                              |
| 21 Taxidermy .....                                                    |                               |                                                           |                                                                                    |                                                              |
| 22 Historical artifacts .....                                         |                               |                                                           |                                                                                    |                                                              |
| 23 Scientific specimens .....                                         |                               |                                                           |                                                                                    |                                                              |
| 24 Archeological artifacts .....                                      |                               |                                                           |                                                                                    |                                                              |
| 25 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |
| 26 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |
| 27 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |
| 28 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 3

|                                                                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it<br>must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for<br>exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.                                                                                                                                                                                                                                                            |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....                                                                                                                                                                                     | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash<br>contributions? .....                                                                                                                                                                   |     | X  |
| b If "Yes," describe in Part II.                                                                                                                                                                                                                                                                            |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,<br>describe in Part II.                                                                                                                                                                |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

## Part II

**Supplemental 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.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

|                                                                                        |                                                     |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS</b> | Employer identification number<br><b>**-***2237</b> |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
PERPETUATE THE FORESTS OF NEW HAMPSHIRE THROUGH THEIR WISE USE AND  
THEIR COMPLETE RESERVATION IN PLACES OF SPECIAL SCENIC BEAUTY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
IN 2019, THE NATIONAL LAND TRUST ACCREDITATION COMMISSION RENEWED THE  
FOREST SOCIETY'S STATUS AS AN ACCREDITED LAND TRUST. ACCREDITATION  
INCLUDES THE FOREST SOCIETY IN A NETWORK OF MORE THAN 400 ACCREDITED  
LAND TRUSTS ACROSS THE NATION, AND DEMONSTRATES ITS COMMITMENT TO  
PROFESSIONAL EXCELLENCE AND TO MAINTAINING THE PUBLIC'S TRUST IN ITS  
CONSERVATION WORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
OUR VOLUNTEER EASEMENT MONITORING PROGRAM (VEMP) SAW 6 VOLUNTEERS  
MONITOR 18 CONSERVATION EASMENT PROPERTIES.

IN ADDITION, OUR STAFF MONITORED MORE THAN 775 EASEMENTS ON MORE THAN  
136,000 ACRES USING A COMBINATION OF REMOTE IMAGERY AND ON-THE-GROUND  
SITE VISITS.

AT FOREST SOCIETY NORTH AT THE ROCKS, WE HARVESTED MORE THAN 3,829  
CHRISTMAS TREES AND DONATED 12 TREES TO TREES FOR TROOPS, A PROGRAM  
THAT PROVIDES FREE, FARM-GROWN CHRISTMAS TREES TO UNITED STATES ARMED  
FORCES MEMBERS.

THE ROCKS CONTINUES TO BE BUSY. 120 STUDENTS VISITED ON SITE THROUGH  
THE NEW HAMPSHIRE AGRICULTURE IN THE CLASSROOM DAY. THE FOREVERGREEN  
PROGRAM HOSTED BETHLEHEM STUDENTS IN GRADES 1 6 LEARNING EVERYTHING  
FROM PLANTING TO CARING FOR TO HARVESTING CHRISTMAS TREES. 58 ATTENDEES  
PARTICIPATED IN WILDFLOWER WALKS IN JUNE. BUS TOURS BEGAN ARRIVING IN  
JUNE AND CONTINUED IN TO THE FALL. THE 2024 CHRISTMAS SEASON WAS  
EXTREMELY SUCCESSFUL WITH MORE THAN 5,000 VISITORS TO THE ROCKS  
CHRISTMAS TREE FARM. THE NH MAPLE EXPERIENCE TOURS IN MARCH 2025  
WELCOMED MORE THAN 450 VISITORS. THE ANNUAL MAPLE DINNER HAD  
APPROXIMATELY 90 GUESTS IN ATTENDANCE. THE TWO RENOVATED MEETING SPACES  
PROVIDED LOTS OF OPPORTUNITIES FOR BUSINESS AND COMMUNITY GROUPS TO  
HOST EVENTS HERE, INCLUDING CORPORATE EVENTS, WEDDINGS, CHILDREN'S  
BIRTHDAY PARTIES AND LIFE CELEBRATIONS--49 SEPARATE EVENTS WITH MORE  
THAN 1200 VISITORS. TOTAL FOREST SOCIETY NORTH RELATED VISITORS  
10,031.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
PARTICIPANTS  
JUNE 8TH- CELEBRATION AND HIKE WITH LANDOWNER, KEN STERN AT THE  
DEEPWOOD FOREST CONSERVATION EASEMENT IN CANTERBURY -24 PARTICIPANTS  
PORTSMOUTH FOREST SOCIETY AT PISCATAQUA RIVERFEST IN PORTSMOUTH -  
TABLETOP DISPLAY, TENT, STATEWIDE MAP  
JULY 19 CREEK FARM WALKING TOUR ON LITTLE HARBOR TRAIL WITH MATT  
SCACCIA -12 PARTICIPANTS  
JULY 21 TOM RUSH FOREST EVENT WITH NAMESAKE, TOM RUSH PRESENT FOR  
STORIES AND MORE- 44 PARTICIPANTS  
AT THE ROCKS, THE NH FISH AND GAME NH SUMMER TEACHER INSTITUTE: THE

|                                                     |                                |
|-----------------------------------------------------|--------------------------------|
| Name of the organization                            | Employer identification number |
| SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS | ** - *** 2237                  |

WATERSHED EDUCATION INSTITUTE JULY 25 15 TEACHERS ATTENDING OUTDOOR AND INDOOR PROGRAMS AND FIELD WORK IN LOCAL RIVERS OR WETLANDS. FOREST SOCIETY STAFF NIGEL AND DAVE GUIDED A HIKE TO MEASURE TIMBER VOLUME OF SOME LARGE TREES ALONG THE HISTORIC MILE PATH AT THE ROCKS.

OUR 5TH ANNUAL DO-IT-YOURSELF HIKES PROGRAM OFFERED IN SEPTEMBER AND OCTOBER THE THEME OF THE 2024 5 HIKES CHALLENGE WAS INCLUSION AND DIVERSITY IN THE OUTDOORS. "WE ALL BELONG OUTDOORS" +/-150 PARTICIPANTS TOTAL (AUGUST 31 TO OCTOBER 31)

SEPTEMBER 12 MT MAJOR TRAIL RIBBON-CUTTING AND HIKE EVENT -20 AT EVENT; 9 ON HIKE

SEPTEMBER 12 THE FELS "WIND WATER FIRE AND ICE" DAVE -15 ATTENDED

SEPTEMBER 21 - FOREST SOCIETY ANNUAL MEETING IN PETERBOROUGH +/- 85 PARTICIPANTS

SEPTEMBER 27 SNHU BOTANY LAB PROFESSOR KATHERINE YORK -12 STUDENTS

SEPTEMBER 29 LOST RIVER HIKE EVENT W/ LGBTQ AFFINITY GROUP LEZ HANG -15 PARTICIPANTS

CREEK FARM PROGRAMS FOR DURHAM UNH ACTIVE RETIREMENT ASSOCIATION

- SEPTEMBER 25 - THE HISTORY OF CREEK FARM -15 PARTICIPANTS
- OCTOBER 2 FALL FOLIAGE: WHY LEAVES CHANGE COLOR -12 PARTICIPANTS
- OCTOBER 9 FALL FUNGI ID AND FORAY AT CREEK FARM -12 PARTICIPANTS
- OCTOBER 16- A CENTURY OF LAND CONSERVATION AT THE FOREST SOCIETY -10 PARTICIPANTS

CONCORD SCHOOLS DISTRICT PROJECT SEE STUDENTS FIELD TRIPS TO THE FLOODPLAIN WHERE PROJECT SEE STAFF HOSTED SEVERAL SCHOOL VISITS FOR 2ND GRADE STUDENTS ACROSS THE DISTRICT TO LEARN ABOUT WILDLIFE HABITATS AND SOILS OF FOREST, WETLAND AND FIELDS ON THE MERRIMACK RIVER FLOODPLAIN-200 STUDENTS, PARENT CHAPERONES AND TEACHERS

OCTOBER 10 MONSON RUSS DICKERMAN REMEMBRANCE EVENT AND TOURS. -60 ATTENDED

OCTOBER 18TH FALL FOLIAGE ON THE FLOODPLAIN TOUR FOR CONCORD OLLI -17 ATTENDED

OCTOBER 26: GEAR SWAP AND FOLIAGE POP-UP HIKE FOR 5 HIKES CHALLENGE -18 ATTENDED

5 HIKES CHALLENGE SPECIAL GUIDED HIKE EVENTS:

SATURDAY, SEPTEMBER 14 AT 10 AM: JOIN FOREST SOCIETY STAFF NIGEL MANLEY FOR A HIKE ALONG THE TRAILS AT FOREST SOCIETY NORTH AT THE ROCKS IN BETHLEHEM. -15 PARTICIPANTS

SUNDAY, SEPTEMBER 29 AT 10 AM: JOIN THE NH CHAPTER OF LGBTQ OUTDOORS AND LEZHANG SEACOAST FOR A FAMILY-FRIENDLY VISIT TO LOST RIVER GORGE & BOULDER CAVES IN NORTH WOODSTOCK -15 PARTICIPANTS

FRIDAY, OCTOBER 11 AT 10 AM: JOIN FOREST SOCIETY TO CELEBRATE PEAK AUTUMN FOLIAGE AT MORSE PRESERVE IN ALTON, ONE OF THE 5 HIKES CHALLENGE DESTINATIONS -9 PARTICIPANTS

SATURDAY, OCTOBER 26 AT 11 AM: JOIN FOREST SOCIETY FOR EASY WALK ON THE FLOODPLAIN AT MERRIMACK RIVER OUTDOOR EDUCATION & CONSERVATION AREA -20 PARTICIPANTS

SATURDAY, OCTOBER 26 AT 10 AM: A COMMUNITY GEAR SWAP FROM 10 AM TO 2 PM AT THE CONSERVATION CENTER IN CONCORD-20 PARTICIPANTS

NOVEMBER 2 NH ASSOCIATION OF CONSERVATION COMMISSIONS ANNUAL MEETING

|                                                                                     |                                                        |
|-------------------------------------------------------------------------------------|--------------------------------------------------------|
| Name of the organization <b>SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS</b> | Employer identification number<br><b>** - *** 2237</b> |
|-------------------------------------------------------------------------------------|--------------------------------------------------------|

SOMETHING WILD HOSTS KEYNOTE PROGRAM -85 ATTENDEES  
 NOVEMBER 9 MT MAJOR GUIDED HIKE FOR BIPOC AFFINITY GROUP WITH MARDI FULLER -5 ATTENDEES  
 DECEMBER 3: NHTI THEATER CONCORD- OLLI SCREENING AND DISCUSSION OF "MONADNOCK THE MOUNTAIN THAT STANDS ALONE." -35 ATTENDED  
 JANUARY 16 MCCABE FOREST WINTER HIKE WITH HARRIS CENTER FOR CONSERVATION EDUCATION SUSI SPIKOL AND BEN HAUBRICH -16 ATTENDED  
 FEBRUARY 15 - TIMBER HARVEST TOUR - HAY FOREST RESERVATION, NEWBURY WITH JEFF SNITKIN OF FULL CIRCLE FORESTRY AND WENDY WEISIGER-15 ATTENDED  
 FEBRUARY 22 WATERTOWN VALLEY ATHLETIC IMPROVEMENT ASSOCIATION ANNUAL MEETING KEYNOTE ADDRESS HISTORY HOW PHILIP AYRES AND FOREST SOCIETY WORKED TO ADD 23,000 ACRES TO WMNF. -125 PEOPLE ATTENDED  
 FEBRUARY 18 RYE DRIFTWOOD GARDEN CLUB MAPLE SUGARING: MYTH, MAGIC, LORE AND REALITIES -55 PEOPLE ATTENDED  
 FEB 27 PETERBOROUGH LIBRARY DYLAN SUMMERS SUSTAINABLE TRAILS -75 PEOPLE ATTENDED  
 MARCH 11 MERRIMACK GIRL SCOUTS TO CONSERVATION CENTER -6 YOUTH AND 2 ADULT LEADERS  
 MARCH 27 "MAPLE SUGARING MYTH, MAGIC, REALITIES" DAVE A PETERBORO TOWN LIBRARY-50 ATTENDED  
 ANNUAL POPULAR LATE WINTER COTTRELL-BALDWIN ENVIRONMENTAL LECTURE SERIES IN HILLSBORO IS OFFERED AT FOX STATE FOREST IN PARTNERSHIP WITH NH DIVISION OF FORESTS AND LANDS. THE SERIES ATTRACTED AN AVERAGE AUDIENCE OF 70 PARTICIPANTS FOR A TOTAL OF 281 TOTAL. THIS YEAR'S SERIES HOSTED NH NATURALISTS AND A FORESTER 4 AUTHORS SHARING READINGS AND/OR PHOTOGRAPHS AND SIGNING BOOKS. THE 2025 SERIES WAS THE 21ST ANNUAL CB LECTURE SERIES.  
 APRIL 9 DAVE MAPLE SUGARING FOR UNH ARA AT DURHAM COMMUNITY CHURCH -20 ATTENDED  
 STATEWIDE SUBTOTAL 35 PROGRAMS FOR 1618 PROGRAM ATTENDEES.  
 THE ROCKS AND NORTH COUNTRY  
 BUS TOURS VISITORS AT THE ROCKS = 48 TOTAL GROUPS FOR TOTAL OF 1948 PARTICIPANTS REACHED  
 FOREST SOCIETY-DELIVERED PROGRAMS AND SPECIAL EVENTS = 33 PROGRAMS FOR 922 PARTICIPANTS  
 TOTAL NORTH COUNTRY OUTREACH EVENTS 81 PROGRAMS FOR 2870 PARTICIPANTS REACHED  
 CREEK FARM  
 25 SEPARATE EVENTS AND TYPES  
 GUNDALOW YOUTH CAMPS AND ADULT CAMPS AT CREEK FARM - 363 PARTICIPANTS  
 FOREST SOCIETY PROGRAMS FOR PUBLIC - 202 PARTICIPANTS  
 TOTAL CREEK FARM PARTICIPANTS- 565  
 GRAND TOTAL FOR ALL LOCATIONS AND PROGRAMS  
 141 EVENTS / PROGRAMS WITH 5053 PARTICIPANTS REACHED

OTHER RECREATION STEWARDSHIP HIGHLIGHTS:  
 MT MAJOR SUSTAINABLE TRAIL: LARGE CONSTRUCTION PROJECT TO CREATE NEW MILE OF MAIN TRAIL THAT IS SUSTAINABLE IN TERMS OF CLIMATE CHANGE AND THE NUMBER OF VISITORS TO THE SITE. RESTORED OLD SECTION OF TRAIL. HELD RIBBON CUTTING IN SEPT 2024.  
 TOM RUSH VISITS THE TOM RUSH FOREST: AS PART OF 200TH ANNIVERSARY OF THE TOWN OF DEERING, SINGER/SONGWRITER TOM RUSH HELD A CONCERT IN DEERING AND ATTENDED A PUBLIC FIELD TRIP AT THE CHESTNUT ORCHARD AT TOM RUSH FOREST TO TALK ABOUT HIS YOUTH IN DEERING ON THIS SITE, AND HIS FAMILY'S INTEREST IN AMERICAN CHESTNUT RESTORATION. TACF

|                          |                                                     |                                              |
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|--------------------------|-----------------------------------------------------|----------------------------------------------|

REPRESENTATIVES WERE THERE, AND SPNHF STAFF. 44 PEOPLE ATTENDED.

BLACK MOUNTAIN BANDING STATION: 2024 (MAY THROUGH AUGUST) WAS THE FIRST YEAR OF THE FOREST SOCIETY PARTNERING WITH LICENSED BIRD BANDER AND SCIENTIST LINDSAY HERLIHY TO RUN A MAPS (MONITORING AVIAN PRODUCTIVITY AND SURVIVORSHIP) BIRD BANDING STATION AT BLACK MTN FOREST IN SUTTON. MANY VOLUNTEERS ASSISTED OVER THE BANDING SEASON, INCLUDING SOME INTERNS FROM HARRIS CENTER AND KEARSARGE HS STUDENTS, AND WE RAN A PUBLIC FIELD TRIP TO OBSERVE BIRD BANDING PROCESS.

JOHNSON-CLARK FOREST: THIS PROPERTY WAS BEQUEATHED TO US BY MARILYN JOHNSON AND HAD AN EXISTING TRAIL SYSTEM ON IT. WE CREATED A NEW PARKING AREA, ADDED SIGNAGE, AND DID SOME TRAIL MAINTENANCE TO MAKE THIS DESTINATION MORE ACCESSIBLE AND ENJOYABLE FOR HIKERS. IT BOAST SOME BEAUTIFUL WHITE MTNS VIEWS FROM THE TOP OF LEWIS HILL.

SEED SEEKERS: THIS WAS A NEW VOLUNTEER PROGRAM FOR THE FOREST SOCIETY IN FY25, A PARTNERSHIP WITH THE NH STATE FOREST NURSERY. FOREST SOCIETY AND STATE NURSERY STAFF TRAINED VOLUNTEERS TO COLLECT SEEDS FROM NATIVE TREES AND SHRUBS THROUGHOUT THE GROWING SEASON, SO THAT THESE CAN BE CULTIVATED AT THE NURSERY FOR USE IN HABITAT RESTORATION AND RESEARCH PROJECTS, AS WELL AS FOR LANDOWNERS TO PURCHASE AND PLANT ON THEIR OWN LAND. THE FOREST SOCIETY WAS ABLE TO PROVIDE DATA FROM OUR 65,000 ACRES OF CONSERVED FEE LAND INDICATING WHERE SPECIFIC TREE SPECIES ARE PRESENT, IN ORDER TO FACILITATE SEED COLLECTION BY VOLUNTEERS. THIS (2024) WAS THE PILOT YEAR OF THIS PARTNERSHIP.

REMEMBRANCE HIKE FOR RUSS DICKERMAN: OUR LONG TIME LAND STEWARD AND CARETAKER AT MONSON CENTER, RUSS DICKERMAN, PASSED AWAY IN AUGUST OF 2024. IN OCTOBER, WE HELD AN EXTREMELY WELL ATTENDED REMEMBRANCE HIKE FOR RUSS AT MONSON, WHERE COMMUNITY MEMBERS HAD A CHANCE TO TALK ABOUT THEIR MEMORIES OF RUSS'S INVOLVEMENT IN THE PROTECTION AND STEWARDSHIP OF MONSON VILLAGE.

WASHBURN FOREST BOG BRIDGING: IN SUMMER 2024, WE UNDERTOOK A LARGE PROJECT TO REPLACE MORE THAN 50 BOG BRIDGES ALONG THE RIVER ACCESS TRAIL ALONG THE CONNECTICUT RIVER ON THE WASHBURN FOREST IN CLARKESVILLE. A STUDENT CONSERVATION ASSOCIATION CREW COMPLETED THE WORK ON THIS PROJECT, FUNDED IN PART BY THE TILLOTSON FOUNDATION.

#### FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

##### MEMBERSHIP

THE FOREST SOCIETY CURRENTLY HAS 7,867 MEMBERS (HOUSEHOLDS AND BUSINESSES). MEMBERS ARE KEPT INFORMED OF THE ORGANIZATION'S ACTIVITIES VIA BLOGS, SOCIAL MEDIA, E-NEWSLETTERS AND QUARTERLY PUBLICATION OF FOREST NOTES MAGAZINE.

##### POLICY

THE FOREST SOCIETY LOBBIES STATE ELECTED OFFICIALS IN CONCORD, NH AND OUR FEDERAL DELEGATION IN WASHINGTON, D.C. DURING THE FISCAL YEAR, THERE WAS ONE STAFF MEMBER WHO ALLOCATED 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, PROVIDING LEGISLATORS WITH INFORMATION ON ISSUES UNDER CONSIDERATION IN CONGRESS AND THE NH LEGISLATURE AND MEETING WITH STATE AGENCY OFFICIALS ABOUT ISSUES RELATIVE TO THE FOREST SOCIETY'S MISSION.

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 ALTHOUGH WE DO ENGAGE

|                          |                                                     |                                |               |
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|--------------------------|-----------------------------------------------------|--------------------------------|---------------|

WITH LEGISLATORS AT OTHER TIMES DURING THE YEAR. 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, CLIMATE CHANGE, RENEWABLE ENERGY AND ENERGY EFFICIENCY.

FOR EXAMPLE, IN THE 2025 LEGISLATIVE SESSION, WE ENGAGED THE LEGISLATURE AS IT DRAFTED THE STATE'S OPERATING BUDGET FOR YEARS 2026 AND 2027. ON THIS ISSUE, WE ADVOCATED FOR FUNDING FOR THE STATE AGENCIES AND PROGRAMS THAT RELATE TO THE FOREST SOCIETY'S MISSION.

WE TESTIFIED ON TWO SEPARATE BILLS RELATED TO FOREST CARBON CREDIT BILLS, ONE OF WHICH THE FOREST SOCIETY OPPOSED AND THE OTHER THE ORGANIZATION TESTIFIED THAT IT BE SIGNIFICANTLY AMENDED TO BETTER ADDRESS THE MANY ISSUES RELATED TO FOREST CARBON MARKETS.

WE ALSO TESTIFIED AGAINST TWO BILLS WHICH WOULD HAVE UNDERMINED NEW HAMPSHIRE'S CURRENT USE PROGRAM.

FINALLY, WE ENGAGED AT THE NH LEGISLATURE ON BILLS RELATED TO NH'S RENEWABLE PORTFOLIO STANDARDS, HOW TO FUND THE REPAIR OF THE PUBLICLY OWNED DAMS, AND SOLID WASTE MANAGEMENT.

THE FOREST SOCIETY ALSO WORKS DIRECTLY WITH OUR FEDERAL CONGRESSIONAL DELEGATION ON FEDERAL LEGISLATION WHICH IS RELATED TO THE FOREST SOCIETY'S MISSION.

THIS YEAR, WE SPENT TIME ENGAGED WITH THE NH CONGRESSIONAL ON ISSUES REGARDING FUNDING LEVELS FOR FEDERAL PROGRAMS ADMINISTERED BY THE US DEPT. OF AGRICULTURE THAT SUPPORT THE FOREST SOCIETY'S MISSION.

ALSO, AS IN 2024, WE HAVE BEEN WORKING WITH THE NH CONGRESSIONAL DELEGATION ON THE ESTABLISHMENT OF A NEW FEDERAL CONSERVATION PROGRAM TO HELP FORESTLAND OWNERS CONSERVE THEIR FORESTS CALLED THE FOREST CONSERVATION EASEMENT PROGRAM. WE ALSO CONTINUE TO WORK WITH THE DELEGATION ON A BILL TO ESTABLISH THE CONNECTICUT RIVER WATERSHED PARTNERSHIP ACT.

BECAUSE THE FEDERAL FARM BILL IS A MAJOR SOURCE OF CONSERVATION FUNDING, WE HAVE BEEN WORKING WITH THEM ON THE REAUTHORIZATION OF THE FARM BILL. CONGRESS HAS NOT FINISHED WORK ON THIS ISSUE IN 2025. MOST LIKELY, CONGRESS WILL NEED TO DO SO IN 2026.

WE HAVE ALSO BEEN WORKING WITH THE CONGRESSIONAL DELEGATION TO ENSURE THE US FOREST SERVICE CONTINUES TO SUPPORT THE FOREST SERVICE-MANAGED EXPERIMENTAL FORESTS, TWO OF WHICH ARE IN NEW HAMPSHIRE. THE EXPERIMENTAL FORESTS HAVE BEEN UNDERTAKING IMPORTANT RESEARCH ON ISSUES RELATIVE TO FOREST MANAGEMENT, FOREST HEALTH AND CLIMATE HEALTH.

WE ALSO HOSTED VISITS FROM MEMBERS OF THE NH CONGRESSIONAL DELEGATION TO FOREST SOCIETY PROPERTIES.

EXPENSES \$ 442,057. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,812.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOREST SOCIETY IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT CURRENTLY HAS 7,867 MEMBERS.



|                          |                                                     |                                              |
|--------------------------|-----------------------------------------------------|----------------------------------------------|
| Name of the organization | SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS | Employer identification number<br>**-***2237 |
|--------------------------|-----------------------------------------------------|----------------------------------------------|

## 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 11B:

THE BOARD'S AUDIT COMMITTEE REVIEWS THE 990 AND 990-T IN DETAIL AT A SCHEDULED COMMITTEE MEETING. 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 THE 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 TRUSTEES ARE ASKED TO CONSIDER JOINING THE BOARD, THEY ARE GIVEN THE "ROLES AND RESPONSIBILITIES" DOCUMENT WHICH OUTLINES OTHER RESPONSIBILITIES OF THE INDIVIDUAL TRUSTEE AND THE BOARD AS A WHOLE, INCLUDING CONFLICT OF INTEREST. IT ALSO INSTRUCTS BOARD MEMBERS TO READ AND BE CONVERSANT WITH THE NH ATTORNEY GENERAL'S OFFICE GUIDEBOOK FOR NH CHARITABLE NON-PROFIT ORGANIZATIONS. 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 HAVE ANY CONFLICTS TO REPORT.

## FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT (CEO) IS THE ONLY OFFICER WHO IS PAID. THE COMPENSATION FOR THE CEO IS SET BY THE BOARD OF TRUSTEES AFTER A PROCESS OF REVIEW BY BOTH A SUB-COMMITTEE APPOINTED BY THE CHAIR AND THE FULL BOARD. REGULARLY, SALARIES OF OTHER NON-PROFIT CEO'S ARE REVIEWED FOR COMPARISON. THE CEO PROVIDES ANNUAL GOALS AND A SELF-EVALUATION. THE BOARD CHAIR SUMMARIZES THE DELIBERATIONS OF THE BOARD IN A LETTER TO THE CEO.

## FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS AND 990'S FOR THE MOST CURRENT THREE YEARS ARE AVAILABLE ON THE FOREST SOCIETY'S WEBSITE OR BY REQUESTING COPIES FROM THE FINANCE DIRECTOR. THE ORGANIZATION'S BYLAWS, WHICH INCLUDE A CONFLICT OF INTEREST STATEMENT, ARE ALSO AVAILABLE ON THE FOREST SOCIETY'S WEBSITE.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## OTHER PROFESSIONAL SERVICES:

|                                                        |          |
|--------------------------------------------------------|----------|
| PROGRAM SERVICE EXPENSES                               | 633,459. |
| MANAGEMENT AND GENERAL EXPENSES                        | 98,490.  |
| FUNDRAISING EXPENSES                                   | 18,206.  |
| TOTAL EXPENSES                                         | 750,155. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 750,155. |

## FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

## BANK FEES:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 7,294.  |
| MANAGEMENT AND GENERAL EXPENSES | 3,154.  |
| FUNDRAISING EXPENSES            | 8,818.  |
| TOTAL EXPENSES                  | 19,266. |

## MISCELLANEOUS EXPENSE:

|                          |        |
|--------------------------|--------|
| PROGRAM SERVICE EXPENSES | 2,554. |
|--------------------------|--------|

|                                 |                                                     |                                              |
|---------------------------------|-----------------------------------------------------|----------------------------------------------|
| Name of the organization        | SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS | Employer identification number<br>**-***2237 |
| MANAGEMENT AND GENERAL EXPENSES |                                                     | 1,489.                                       |
| FUNDRAISING EXPENSES            |                                                     | 0.                                           |
| TOTAL EXPENSES                  |                                                     | 4,043.                                       |

## CREDIT LOSS EXPENSE/PLEDGE WRITE-OFF:

|                                                            |         |
|------------------------------------------------------------|---------|
| PROGRAM SERVICE EXPENSES                                   | 91.     |
| MANAGEMENT AND GENERAL EXPENSES                            | 0.      |
| FUNDRAISING EXPENSES                                       | 0.      |
| TOTAL EXPENSES                                             | 91.     |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 23,400. |

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

|                                      |         |
|--------------------------------------|---------|
| CHANGE IN PRESENT VALUE OF ANNUITIES | -9,130. |
|--------------------------------------|---------|

## FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEARS.