#### EXTENDED TO MARCH 15, 2023

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	or the	2021 calendar year, or tax year beginning MAY 1, 2021 and 6	ending A	PR 30, 2022					
<b>B</b> c	heck if pplicable:	SOCIETY FOR THE PROTECTION OF NEW		D Employer identifi	cation number				
	Address change	HAMPSHIRE FORESTS							
	□Name □change □Initial	Doing business as		**-***22	37				
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address)  54 PORTSMOUTH STREET	Room/suite	E Telephone number (603) 224-9945					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,778,905.				
	Amende return	CONCORD, NA 03301		H(a) Is this a group r	eturn				
	Applica tion	F Name and address of principal officer: UACK DAVAGE	for subordinates? Yes X No						
	pending	54 PORTSMOUTH STREET, CONCORD, NH 0330	1	H(b) Are all subordinates included? Yes No					
ΙT	ax-exe	mpt status: $\mathbf{X}$ 501(c)(3) $\mathbf{S}$ 501(c) ( ) $\mathbf{A}$ (insert no.) $\mathbf{S}$ 4947(a)(1) o	or 527	1	list. See instructions				
		www.forestsociety.org		H(c) Group exemption					
K F	orm of o	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1901	M State of legal domicile: NH				
		Summary		•	<u>v</u>				
	1 E	Briefly describe the organization's mission or most significant activities: $ { m THE} $ S	SOCIET	Y FOR THE P	ROTECTION				
nce		OF NEW HAMPSHIRE FORESTS WAS FOUNDED IN 19							
'n	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.				
Ve	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	20				
ၓ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
ي م		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			65				
itie	l	otal number of volunteers (estimate if necessary)			200				
Activities & Governance	   7a∃	otal unrelated business revenue from Part VIII, column (C), line 12			221,616.				
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11							
		,		Prior Year	Current Year				
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		9,752,851.	7,637,372.				
	9 F	Program service revenue (Part VIII, line 2g)		254,082.	389,709.				
š	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		105,759.	533,242.				
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		296,381.	559,399.				
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,409,073.	9,119,722.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,447.	130,272.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,974,048.	2,937,450.				
ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	h 7	otal fundraising expenses (Part IX, column (D), line 25)   482,51	8.						
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,590,226.	2,757,668.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,676,721.	5,825,390.				
	l	Revenue less expenses. Subtract line 18 from line 12		5,732,352.	3,294,332.				
-Se	10 .	tovortuo 1900 experiese. Guistiase iine vo nom iine 12		ginning of Current Year	End of Year				
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)		95,291,062.	96,469,053.				
Ass Bal	21 7	Total liabilities (Part X, line 26)		1,136,463.	507,535.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		94,154,599.	95,961,518.				
Pa	rt II	Signature Block			707007000				
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of whi			,, ,				
,	-	L	on proparo	l l l l l l l l l l l l l l l l l l l					
Sigr	,	Signature of officer		Date					
Her	1	JACK SAVAGE, PRESIDENT							
1101		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN				
Paid		DRESTE J. MOSCA, CPA ORESTE J. MOSCA,	CPA 1	l if	yed P00366101				
		Firm's name NATHAN WECHSLER & COMPANY, P.A.	O. AL	Firm's EIN	**-***7524				
		Firm's address 70 COMMERCIAL STREET, 4TH FLOOR		I IIIII 2 EIIV	1944				
-56	Jy	CONCORD, NH 03301		Dhone no 60	3-224-5357				
Mari	the IP	S discuss this return with the preparer shown above? See instructions		T HOUSE HO. O O	X Yes No				
ivial	LITE IT	o discuss this retuin with the preparer shown above? See instructions			L41 100 L NO				

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Form 990 (2021) HAMPSHIRE FORESTS

Part III | Statement of Program Service Accomplishments

rai	Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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.
	Bull to the state of the state
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	3, 3, 3, 1, 3,
4	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
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,939,877 • including grants of \$ ) (Revenue \$ 372,232 •
44	LAND AND EASEMENT STEWARDSHIP: THE SOCIETY FOR THE PROTECTION OF NEW
	HAMPSHIRE FORESTS OWNS AND MANAGES 197 RESERVATIONS COVERING ALMOST
	58,000 ACRES. IN FY22, WE RAN 10 TIMBER HARVESTS COVERING 544 ACRES. WE
	HARVESTED 2.4 MILLION BOARD FEET OF SAWLOGS AND 10,108 TONS OF LOW
	GRADE WOOD. THIS BROUGHT IN \$366,000 IN STUMPAGE REVENUE. WE HAD 170
	VOLUNTEER LAND STEWARDS HELPING US MNITOR AND MAINTAIN OUR FOREST
	SOCIETY RESERVATIONS ACROSS THE STATE.
	OUR VOLUNTEER EASEMENT MONITORING PROGRAM (VEMP) SAW 13 VOLUNTEERS
	MONITOR 39 CONSERVATION EASMENT PROPERTIES. IN ADDITION, OUR STAFF
	MONITORED MORE THAN 700 EASEMENTS ON MORE THAN 130,000 ACRES. AT THE
	ROCKS, WE HARVESTED MORE THAN 5,000 CHRISTMAS TREES. THE FARM TO SCHOOL
	PROGRAM AND THE FOREVER GREEN PROGRAMS WERE ALL HELD ON-SITE. THE
4b	(Code:) (Expenses \$1,772,867. including grants of \$) (Revenue \$\$
	LAND PROTECTION: THE FOREST SOCIETY CONSERVED 1,168 ACRES THROUGH 9
	LAND PROTECTION PROJECTS ACROSS THE STATE. AMONG THE PROJECTS WERE
	THREE FEE ACQUISITIONS TOTALING 267 ACRES ADDED TO OUR RESERVATIONS AND
	SIX CONSERVATION EASEMENTS TOTALING 901 ACRES ON LAND OWNED BY OTHERS.
	WE CONTINUE TO ADMINISTER TWO 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.
40	(Code:) (Expenses \$359,365. including grants of \$130,272. ) (Revenue \$6,027.
70	EDUCATION AND OUTREACH:
	FOREST SOCIETY OUTREACH EDUCATION PROGRAMS FOR 2021-22 INCLUDED NEARLY
	100 UNIQUE PUBLIC AND COMMUNITY-BASED OUTREACH EVENTS FOR AN AUDIENCE
	TOTALING MORE THAN THREE THOUSAND PARTICIPANTS. BASED FROM PROGRAM
	CENTERS AT CREEK FARM IN PORTSMOUTH, THE ROCKS AND BRETZFELDER PARK IN
	BETHLEHEM AND THE CONCORD CONSERVATION CENTER AUDIENCES INCLUDED
	MEMBERS, GENERAL PUBLIC, SCHOOLS AND COLLEGE STUDENTS AND FOR COMMUNITY
	PROGRAM PROVIDERS SERVING OLDER, ADULT LEARNERS. PROGRAMS AND EVENTS
	HELD AT MONADNOCK, MOUNT MAJOR AND IN COOPERATION WITH THE JOHN HAY
	ESTATE AT THE FELLS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 376,480 • including grants of \$ ) (Revenue \$ 4,660 • )
4e	Total program service expenses ► 4,448,589.
	_ 000

## SOCIETY FOR THE PROTECTION OF NEW

Form 990 (2021) HAMPSHIRE FORESTS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, .
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	Х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	· · · · · · · · · · · · · · · · · · ·	11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	- 21	
b		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<del></del>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

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SOCIETY FOR THE PROTECTION OF NEW

Form 990 (2021) HAMPSHIRE FORESTS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?     F   Contract   Con	00-		x
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		12
C	,	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	l l		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

021) HAMPSHIRE FORESTS

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 65								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
4a	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)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	J 1 7 1	5a 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	_		37					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, v					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
8		8							
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	OD.							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b									
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	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?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.								

HAMPSHIRE FORESTS

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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					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 20								
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	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?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6 Did the organization have members or stockholders?									
		6	Х						
-	more members of the governing body?	7a	Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5							
а	The governing body?	8a	Х						
b		8b	X						
9		OD	- 21						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21					
300	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.					
40-	Did the examination have level shorters branches as effiliated?	100	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a		Λ					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37						
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
sec	tion 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)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X 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	financ	cial						
	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								

HAMPSHIRE FORESTS

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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, 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.

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

• 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 r (A)	(C)					isalt	(D)	(E)	(F)	
Name and title	(B) Average	Position (do not check more than one					onc	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	amount of
	week		cer an	d a di	recto	or/trust	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ıl trus		ee/	m pen		1099-NEC)	1099-1420)	and related
	below	dualt	Institutional trustee	_	Key employee	Highest compensated employee	-E	13551125,		organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) JACK SAVAGE	40.00									
PRESIDENT		Х		Х				155,033.	0.	17,213.
(2) ANNE TRUSLOW	40.00									
VICE PRESIDENT FOR DEVELOPMENT						X		103,521.	0.	12,149.
(3) TONY CHEEK	40.00									
VICE PRESIDENT FOR FINANCE						X		107,838.	0.	5,415.
(4) DON FLOYD	4.00									
TRUSTEE		Х						0.	0.	0.
(5) ALLYSON HICKS	1.00									
TRUSTEE		Х						0.	0.	0.
(6) KAREN MORAN	4.00									
SECRETARY		Х		Х				0.	0.	0.
(7) DEB BUXTON	3.00									
TRUSTEE		Х						0.	0.	0.
(8) BILL CRANGLE	1.25									
TRUSTEE		Х						0.	0.	0.
(9) DEANNA HOWARD	4.00									
TRUSTEE		Х						0.	0.	0.
(10) CHARLES BRIDGES	1.25									
TRUSTEE		Х						0.	0.	0.
(11) DREW KELLNER	3.50									
VICE CHAIR		Х		Х				0.	0.	0.
(12) ANDY SMITH	3.00									
TREASURER		Х		Х				0.	0.	0.
(13) PETER FAUVER	1.50									
TRUSTEE		Х						0.	0.	0.
(14) WILLIAM TUCKER	4.00									
CHAIR		Х		Х				0.	0.	0.
(15) NANCY MARTLAND	2.50									
TRUSTEE		Х						0.	0.	0.
(16) JANET ZELLER	1.00									
TRUSTEE		Х						0.	0.	0.
(17) JASON HICKS	3.00									
TRUSTEE		Х						0.	0.	<b>0.</b>

HAMPSHIRE FORESTS

Part VII   Section A. Officers, Directors, Tru		pioy	ees,			gnes	ST C			$\neg$		<b>(=</b> )	
(A)	(B)	(C) Position			,		(D)	(E)		_	(F)		
Name and title	Average			heck i	more	than o		Reportable	Reportable			timate	
	hours per week			ss per nd a di				compensation	compensation			ount	of
	(list any	or					Ĺ	from the	from related organizations			other pensa	tion
	hours for	direct				_		I	(W-2/1099-MISC	,		om th	
	related	e 0 r	tee			sate		(W-2/1099-MISC/	1099-NEC)	'		anizat	
	organizations	Individual trustee or director	Institutional trustee		/ee	m per		1099-NEC)	10001120)		_	d relat	
	below	dual	ution	-	oldm	st co	ы	,				ınizati	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form						
(18) MICHAEL MORISON	1.50												
TRUSTEE		Х						0.	(	).			0.
(19) THOMAS WAGNER	2.50									П			
TRUSTEE		Х						0.	(	).			0.
(20) PATRICIA LOSIK	3.00									$\Box$			
TRUSTEE		Х						0.	(	١.			0.
(21) GEORGE EPSTEIN	1.50							-	-	┪			
TRUSTEE		х						0.	(	١.			0.
(22) ELIZABETH SALAS EVANS	3.00												
TRUSTEE	3100	x						0.	(	١.			0.
			$\vdash$			$\vdash$			`				
										$\dashv$			
										$\dashv$			
	+		$\vdash$			$\vdash$				$\dashv$			
		-											
4. 0							$\vdash$	366,392.		).	3.	1 7	77.
1b Subtotal								0.		) <b>.</b>	٠,٠	± , /	0.
c Total from continuation sheets to Part								366,392.		) <b>.</b>	2.	1 7	77.
d Total (add lines 1b and 1c)								· · · · · ·		, • <u> </u>		± , /	/ / •
2 Total number of individuals (including but	not limited to tr	iose	liste	ed ab	ove	e) wn	o re	eceived more than \$100,0	JUU of reportable				3
compensation from the organization												Yes	No
0 5:11										ſ		162	NO
3 Did the organization list any <b>former</b> office		-	•	•	•		_	, ,	•				v
line 1a? If "Yes," complete Schedule J for										.	3		X
4 For any individual listed on line 1a, is the												X	
and related organizations greater than \$1											4	Λ	
5 Did any person listed on line 1a receive o	•				•			· ·	ual for services				77
rendered to the organization? If "Yes." co	<u>mplete Schedul</u>	e J f	or su	ıch r	oers	on				<u></u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of										าsat	ion fro	m	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A)								(B)		_	(C		
Name and busines	ss address							Description of se	ervices		omper	nsatio	n ——
RANSMEIER & SPELLMAN											40.		
PO BOX 600, CONCORD, NH	03302						_	LEGAL				L, U	<u>55.</u>
							_						
2 Total number of independent contractors	(including but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	re than				
\$100,000 of compensation from the orga	nization >				1	L							

\$100,000 of compensation from the organization

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Form 990 (2021) HAMPSHIRE FORESTS
Part VIII Statement of Revenue

		Chapte if Cahadula O		aa ar nata ta any lin	o in this Dort VIII			
		Check if Schedule O	contains a respon	ise or note to any lin	e in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	522,766.				
۾, ۾	c	Fundraising events						
fts r A	6	. =	1d					
Gi				1,946,681.				
Sir		Government grants (contr		1,310,001.				
ıtio er (	T	All other contributions, gifts,		5 165 005				
jg (‡		similar amounts not included		5,167,925.				
dr	g	Noncash contributions included in	lines 1a-1f 1g \$	4,590,225.				
a Su	h	Total. Add lines 1a-1f		<b>&gt;</b>	7,637,372.			
				<b>Business Code</b>				
Ф	2 a	FOREST OPERATIONS		113310	342,091.	342,091.		
vic	h	REIMBURSEMENT FOR SI	ERVICES	611699	47,618.	47,618.		
Ser	c				,	,		
Program Service Revenue	_							
Jrai Re	d	·		_				
roç	е			_				
Д		All other program service						
	g	Total. Add lines 2a-2f			389,709.			
	3	Investment income (includ	ding dividends, in	terest, and				
		other similar amounts)		<b>&gt;</b>	338,043.			338,043.
	4	Income from investment of						
	5	Royalties	=	-				
		noyanio	(i) Real	(ii) Personal				
	6 -	Gross rents	6a 359,70	```				
		Less: rental expenses	6b 30,14					
		Rental income or (loss)	6c 329,56	09.				
	d	Net rental income or (loss)			329,569.			329,569.
	7 a	Gross amount from sales of	(i) Securitie	es (ii) Other				
		assets other than inventory	7a 3,741,32	25.				
	b	Less: cost or other basis						
e		and sales expenses	<b>7b</b> 3,544,42	26. 1,700.				
Revenue	c	Gain or (loss)						
ev		Net gain or (loss)			195,199.			195,199.
er B								
	0 4	Gross income from fundraisi	` `					
ð		including \$	of					
		contributions reported on	line 1c). See					
				8a				
	b	Less: direct expenses		8b				
	c	Net income or (loss) from	fundraising event	s				
	9 a	Gross income from gamin	g activities. See					
		Part IV, line 19		9a				
	h	Lanca d'alla de la companya de la co		9b				
		Net income or (loss) from						
	io a	Gross sales of inventory, I		207 060				
		and allowances		10a 307,969.				
	b	Less: cost of goods sold		<b>10b</b> 82,917.				
	С	Net income or (loss) from	sales of inventory		225,052.	3,436.	221,616.	
w				Business Code				
no e	11 a	MISCELLANEOUS		900099	3,120.	3,120.		
ane Due	b	GAIN ON INSURANCE PR	ROCEEDS FOR P	R 900099	1,658.	1,658.		
Miscellaneous Revenue	С	<del>_</del>						
<u>Š</u> Š		All other revenue						
Σ	~	Total. Add lines 11a-11d			4,778.			
	12	Total revenue. See instruction			9,119,722.	397,923.	221,616.	862,811.

## SOCIETY FOR THE PROTECTION OF NEW

Form 990 (2021) HAMPSHIRE FORESTS
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX X												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses								
1	Grants and other assistance to domestic organizations												
	and domestic governments. See Part IV, line 21	130,272.	130,272.										
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22												
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	222 225	20 222	160 254									
	trustees, and key employees	202,307.	32,933.	169,374.									
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	0 161 641	1 500 600	205 650	225 200								
7	Other salaries and wages	2,161,641.	1,500,602.	325,659.	335,380.								
8	Pension plan accruals and contributions (include	60 600	46 500	10 501	10 500								
	section 401(k) and 403(b) employer contributions)	69,622.	46,593.	12,501.	10,528.								
9	Other employee benefits	326,671.	219,132.	57,412.	50,127.								
10	Payroll taxes	177,209.	116,714.	34,838.	25,657.								
11	Fees for services (nonemployees):												
а	Management	== 000	10.051	27.242									
b	Legal	75,900.	48,051.	27,849.									
С	Accounting	26,200.		26,200.									
d	Lobbying												
е	,												
f	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25,	4	44 = 006	101 105									
	column (A), amount, list line 11g expenses on Sch O.)	551,538.	415,096.	131,106.	5,336.								
12	Advertising and promotion	76,699.	65,345.	1,343.	10,011.								
13	Office expenses	151,124.	83,594.	42,305.	25,225.								
14	Information technology												
15	Royalties												
16	Occupancy	50 055	54 050	1 252									
17	Travel	53,057.	51,379.	1,063.	615.								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials	48 456	40 40-	2 652									
19	Conferences, conventions, and meetings	17,156.	13,437.	3,679.	40.								
20	Interest	17.			17.								
21	Payments to affiliates	100 202	100 000	10 415	4 4 4								
22	Depreciation, depletion, and amortization	190,323.	170,767.	19,415.	141.								
23	Insurance												
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),												
а	amount, list line 24e expenses on Schedule 0.) CONSERVATION EASEMENTS	1,035,600.	1,035,600.										
a b	BUILDING AND GROUNDS	300,110.	277,223.	19,515.	3,372.								
	DONATED CONSERVATION EA	190,000.	190,000.	17,513.	3,372.								
c d	PROGRAM AND EVENT EXPEN	44,941.	29,722.	15,136.	83.								
	GER GOU O	45,003.	22,129.	6,888.	15,986.								
e 25	Total functional expenses. Add lines 1 through 24e	5,825,390.	4,448,589.	894,283.	482,518.								
26	Joint costs. Complete this line only if the organization	0,020,000	_,,	0,1,200									
20	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here if following SOP 98-2 (ASC 958-720)												
	in following doi: 30-2 (AGO 300-720)				Form <b>990</b> (2021)								

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,405.	1	1,689.
	2	Savings and temporary cash investments			8,303,788.	2	9,742,594.
	3	Pledges and grants receivable, net	957,564.	3	985,658.		
	4	Accounts receivable, net		4,205.	4	27,832.	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	pers	ons		5	
	6	Loans and other receivables from other disqualified	sons (as defined				
		under section 4958(f)(1)), and persons described i		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			75,195.	8	56,773.
¥	9	Prepaid expenses and deferred charges			67,460.	9	72,945.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	74,496,255.			
	b			4,748,591.	68,554,767.		69,747,664.
	11	Investments - publicly traded securities			17,326,678.	11	15,833,898.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	05 001 060	15	06 460 050		
	16	Total assets. Add lines 1 through 15 (must equal			95,291,062.	16	96,469,053.
	17	Accounts payable and accrued expenses	I	297,461.	17	311,145.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		I		20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
Lia	00	controlled entity or family member of any of these		: Г		22	
	23	Secured mortgages and notes payable to unrelate			638,581.	23 24	90,000.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, paya			030,301.	24	50,000.
	23	parties, and other liabilities not included on lines					
			-	· · · · · · · · · · · · · · · · · · ·	200,421.	25	106,390.
	26	of Schedule D  Total liabilities. Add lines 17 through 25			1,136,463.	26	507,535.
	20	Organizations that follow FASB ASC 958, chec			2,200,2001	20	30773331
es		and complete lines 27, 28, 32, and 33.					
ng	27	Net assets without donor restrictions			10,209,739.	27	11,793,552.
Bala	28	Net assets with donor restrictions			83,944,860.	28	84,167,966.
힏		Organizations that do not follow FASB ASC 95					
Ξ		and complete lines 29 through 33.	,	, —			
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or equ			30		
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		94,154,599.	32	95,961,518.	
-	33	Total liabilities and net assets/fund balances		I	95,291,062.	33	96,469,053.

Pai	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,11		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,82		
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,29	<u>4,3</u>	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	94	,15	<u>4,5</u>	99.
5	Net unrealized gains (losses) on investments	5	<u>-1</u>	.,56	6,1	26.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		7	8,7	13.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	95	,96	1,5	18.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

SOCIETY FOR THE PROTECTION OF NEW

OMB No. 1545-0047

Open to Public

**Employer identification number** 

\*\*-\*\*\*2237 HAMPSHIRE FORESTS Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

HAMPSHIRE FORESTS

\*<u>\*-\*</u>\*\*2237 Page 2

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

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

Sec	ction A. Public Support	,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	7948048.	5742302.	8575991.	9752851.	7637372.	39656564.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	7040040	5540000	0555001	0050051	E 6 2 E 2 E 2	2065654
	Total. Add lines 1 through 3	7948048.	5742302.	8575991.	9752851.	7637372.	39656564.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						2144641
	column (f)						3144641.
	Public support. Subtract line 5 from line 4.						36511923.
_		(-) 0017	(h) 0010	/=\ 0010	(4) 0000	(=) 0001	(6) Tatal
	ndar year (or fiscal year beginning in)  Amounts from line 4	(a) 2017 7948048.	(b) 2018 5742302.	(c) 2019 8575991.	(d) 2020 9752851.	(e) 2021 7637372	(f) Total 39656564.
	***************************************	7740040.	3/42302.	03/3/31.	7732031.	7037372.	37030304.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	631,231.	748,337.	736,594.	540,306.	697,752.	3354220.
۵	Net income from unrelated business	031,231.	740,337.	730,354.	340,300.	031,1320	33342201
9	activities, whether or not the						
	business is regularly carried on	50,037.					50,037.
10	Other income. Do not include gain						00,001
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						43060821.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	84.79 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	85.31 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-		•		<b>.</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3

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#### Part III | 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support			T	_		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
80	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi			(0)		145	
	Public support percentage for 2021 (li			.,,		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
				no 10 polyman (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18   18   1/3% and line 1	7 is not
198	33 1/3% support tests - 2021. If the						<b>.</b> —
	more than 33 1/3%, check this box ar						
ľ	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	DOX ON HINE 14, 198	a, or 190, check tr	iis dux and see ins	นเนติเเดเร	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	- OD		
	3с		
	4a		
	46		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	J		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	40-		
	10a		
	10b		
lule	A (Forn	n 990)	2021

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
	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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

## SOCIETY FOR THE PROTECTION OF NEW

Schedule A (Form 990) 2021

HAMPSHIRE FORESTS

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	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 mu	st complete s	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).			·		

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	j
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2021 from Section C, line 6		g	)
10	Line 8 amount divided by line 9 amount		10	)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
<u>b</u>	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>_i</u>	Carryover from 2016 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
<u>b</u>	Excess from 2018			
<u> </u>	Excess from 2019			
<u>d</u>	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

## SOCIETY FOR THE PROTECTION OF NEW

\*\*-\*\*\*2<u>23</u>7 Page 8 HAMPSHIRE FORESTS Schedule A (Form 990) 2021 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. Part VI (See instructions.)

Schedule A (Form 990) 2021

#### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

00011011001(0)(4), (0	o, or (o) organizat	iono. Compicto i ait iii.			
Name of organization	SOCIETY	FOR THE PROTECT	TION OF NEW	Empl	oyer identification number
	HAMPSHI	RE FORESTS			**-***2237
Part I-A Comp	lete if the org	anization is exempt und	der section 501(c)	or is a section 527 org	ganization.
2 Political campaign	activity expendit	ation's direct and indirect politi ures gn activities		▶\$	
Part I-B Comp	lete if the org	anization is exempt und	der section 501(c)(	3).	
1 Enter the amount	of any excise tax	incurred by the organization un	der section 4955	▶\$	
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
4a Was a correction r	made?				Yes No
<b>b</b> If "Yes," describe i	in Part IV.				
Part I-C Comp	lete if the org	anization is exempt und	der section 501(c),	except section 501(c	)(3).
1 Enter the amount	directly expended	d by the filing organization for se	ection 527 exempt funct	ion activities >\$	
2 Enter the amount	of the filing organ	ization's funds contributed to o	other organizations for se	ection 527	
•	•	. Add lines 1 and 2. Enter here	·		
		<b>1120-POL</b> for this year?			
		nployer identification number (E			
	•	tion listed, enter the amount pa			•
	•	omptly and directly delivered to additional space is needed, pro		•	e segregated fund or a
•	, ,			1	
<b>(a)</b> Nam	ne	(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

Schedule C (Form 990) 2021	HAMPSHIRE I	FORESTS			**2237 Page 2
Part II-A Complete if the org	janization is exe	mpt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check ▶ ☐ if the filing organiza	ation belongs to an af	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check ▶ ☐ if the filing organiza	ation checked box A	and "limited control" pro	visions apply.		
	its on Lobbying Expo ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)		3,344.	
<b>b</b> Total lobbying expenditures to infl				30,712.	
c Total lobbying expenditures (add li				34,056.	
<b>d</b> Other exempt purpose expenditure				5,794,678.	
e Total exempt purpose expenditure		سا <i>ر</i>		5,828,734.	
f Lobbying nontaxable amount. Ent	•	,		441,437.	
If the amount on line 1e, column (a) o		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		000 plus 5% of the exce			
Over \$17,000,000	\$1,000	),000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			110,359.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h o	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations t		501(h) election do not l rate instructions for lir	•	of the five columns be	elow.
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	(e) Total
2a Lobbying nontaxable amount	562,839	552,474.	383,836.	441,437.	1,940,586.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,910,879.
	1	1	1	1	1

78,848.

138,119.

66,014.

140,710.

24,607.

3,344. 31,166. Schedule C (Form 990) 2021

207,353.

485,147.

727,721.

34,056.

110,359.

28,435.

95<u>,959</u>.

3,215.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

HAMPSHIRE FORESTS

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of the	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	- F01/a\/F		tion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(5	), or sec	lion	
	301(0)(0).			Yes	No
	Warran the standing live III (000) are group) along a reading along all advertibles by groups are 0			163	140
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '		•		3. is
	answered "Yes."	· ·		,	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de 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	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-A, LINES 1 AND 2				
an 1	GODOOMG LODDYING IG LADGELY DEDEODWED DY ONE HODEGE	COCTE	m17 DO	T T C 37	
GRA	ASSROOTS LOBBYING IS LARGELY PERFORMED BY ONE FOREST	SOCIE	TY PO	ГТСХ	
STA	AFF ON ISSUES FOR WHICH WE ARE ALSO LOBBYING FEDERAL	AND S	TATE		
LE(	SISLATORS. FOR EXAMPLE, TO SUPPORT OUR LEGISLATIVE	LOBBY I	NG FO	R PUBL	IC
FUI	IDING OF LAND CONSERVATION, WE ALLOCATE TIME TO WORK	WITH	SISTE	 R	
	SERVATION ORGANIZATIONS TO REACH OUT DIRECTLY TO VO				
COL	ON OUTPUT OF THE STATE OF THE S	тпио Н	DITTIG	TITEM	10

Part IV Supplemental Information (continued)
Part IV   Supplemental information (continued)
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, 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)

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 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

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

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		er Similar Funds	or Accou	nts. Complete if the
	organization answered Tes offi offi 556,1 art (v, iii)		dvised funds	<b>(b)</b> Fur	nds 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 v		ts held in donor advi	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).		
	X Preservation of land for public use (for example, recreated	tion or education)	X Preservation of	of a historically	important land area
	Yrotection of natural habitat		Preservation of	of a certified hi	storic structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			<u>2a</u>	753
b					136,517.00
С	Number of conservation easements on a certified historic stru				<u> </u>
d	Number of conservation easements included in (c) acquired a			I .	
_	listed in the National Register				0
3	Number of conservation easements modified, transferred, relevant $\blacktriangleright$ 4	leased, extinguished	, or terminated by th	e organization	during the tax
4	Number of states where property subject to conservation eas	sement is located	2		
5	Does the organization have a written policy regarding the per		•	•	
	violations, and enforcement of the conservation easements it				X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				ements during the year
	<b>▶</b> 8667				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conserva	ation easemen	ts during the year
	<b>▶</b> \$ 366,435.				
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ments of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	e statement ar	nd
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	ion's financial statem	ents that des	cribes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	f Art Historical	Trageurae or O	ther Simils	ur Accate
ı aı	Complete if the organization answered "Yes" on Form		Treasures, or O	trier Ollillia	ii Assets.
	If the organization elected, as permitted under FASB ASC 95		revenue statement	and halance s	heet works
··u	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finar	,	,		pasiis
b	If the organization elected, as permitted under FASB ASC 95.				t works of
-	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:		, 5 5554. 5		2 35. 1.55,
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$
					\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1	-			\$
	Assets included in Form 990, Part X				

		E FORESTS					***2237	Page 2
Pai	rt III   Organizations Maintaining Co	llections of Art,	, Historical Tre	asures, or O	ther Si	milar Ass	ets (continu	ied)
3	Using the organization's acquisition, accession	n, and other records	, check any of the fo	ollowing that ma	ke signif	icant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d		nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's	exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other sir	nilar ass	ets		
	to be sold to raise funds rather than to be mair						Yes	No
Pai	rt IV Escrow and Custodial Arrange		te if the organization	n answered "Yes	" on For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for contributions	or other assets	not inclu	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII ar							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount on For	m 990, Part X, line 2	21, for escrow or cu	stodial account	liability?		Yes	No
	If "Yes," explain the arrangement in Part XIII. C							
Pai	rt V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	m 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d)	Three years b	ack <b>(e)</b> Four y	ears back
1a	Beginning of year balance	17,326,677.	14,181,285.	16,365,95	51.	16,285,22	21. 12,9	00,201.
b	Contributions	317,985.				244,32	24. 3,1	60,520.
С	Net investment earnings, gains, and losses	-1,028,424.	3,838,023.	-869,79	99.	821,42	20. 1,3	869,813.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	757,340.	667,631.	1,289,8	67.	960,01	1,0	083,069.
f	Administrative expenses	25,000.	25,000.	25,00	00.	25,00	00.	62,244.
g	End of year balance	15,833,898.	17,326,677.	14,181,28	35.	16,365,95	51. 16,2	85,221.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a))	held as:				
а	Board designated or quasi-endowment	16.1800	_%					
b	Permanent endowment ► 61.3600	%						
С	Term endowment ▶22.4600 %	)						
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the possess	sion of the organizat	ion that are held an	d administered f	or the o	rganization	_	
	by:							es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the o	rganization's endow	ment funds.					
Pai	rt VI Land, Buildings, and Equipme	nt.						
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Pa	rt X, line	10.		
	Description of property	(a) Cost or otl	her (b) Cost	or other	( <b>c)</b> Accu	mulated	(d) Book	value
	·	basis (investme	ent) basis (	other)	depred	ciation		
1a	Land		65,97	2,490.			65,972	,490.
		I	5,71	5,927.	3,48	5,555.	2,230	,372.
С			1,88	4,076.	44	2,579.	1,441	,497.
d				9,410.	58	3,937.	95	,473.
е	Other		24	4,352.	23	6,520.	7	,832.

**▶** 69,747,664. Schedule D (Form 990) 2021

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

Part VII Investments - Other Securities.			<b>.</b>
Complete if the organization answered "Yes"		-	-6
(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Dook value	(c) Welfied of Valuation. Cost of end-	Oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			(2) = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15 )	<b>•</b>	
Part X Other Liabilities.	10.)		
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) ANNUITIES PAYABLE			106,390.
(3)			,
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	<b>&gt;</b>	106,390.

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 ... X

Schedule D (Form 990) 2021

4c

5,825,

Sche	edule D (Form 990) 2021 HAMPSHIRE FORESTS	**_	***2237 Page 4
Pai	rt 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.		
1	Total revenue, gains, and other support per audited financial statements	1	7,666,653.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	6.	
b	Donated services and use of facilities 2b		
С	J		
d	Other (Describe in Part XIII.) 2d 113,05	7.	
е	Add lines 2a through 2d	2e	-1,453,069.
3	Subtract line 2e from line 1	3	9,119,722.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		0.
5		5	9,119,722.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,859,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 34,34	4.	
е	Add lines 2a through 2d	2e	34,344.
3	Subtract line 2e from line 1	3	5,825,390.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
h	Other (Describe in Part XIII.)		

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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:

c Add lines 4a and 4b

TRANSFER: SMITH, V. CE: THIS PROPERTY WAS ORIGINALLY CONSERVED IN 1981 BY THE CONNECTICUT RIVER WATERSHED COUNCIL (NOW KNOWN AS THE CONNECTICUT RIVER CONSERVANCY OR CRC) WITH THE FOREST SOCIETY HOLDING A EXECUTORY INTEREST. THE CRC ABANDONED ITS STEWARDSHIP EFFORTS IN THE 1990S, AND, IN 1994, ASKED TO DIVEST THEIR INTEREST IN THE PROPERTY, ASKING THE FOREST SOCIETY TO TAKE ON FULL GRANTEE INTEREST, WHICH WAS DECLINED. IN 2012, OUT OF CONCERN THAT THE TERMS OF THE EASEMENT WERE NOT BEING UPHELD, THE FOREST SOCIETY BEGAN MONITORING THE PROPERTY. IN 2016, FOREST SOCIETY STAFF NOTIFIED THE ATTORNEY GENERAL'S CHARITABLE TRUSTS UNIT THAT THIS EASEMENT HAD BEEN "ORPHANED". THE AG CONTACTED CRC'S BOARD TO REMIND IT OF ITS OBLIGATION TO MONITOR ITS CONSERVATION EASEMENTS, AND CRC AGREED

Part XIII | Supplemental Information (continued)

TO BEGIN DOING SO IN 2017, BUT WAS ALSO GRANTED PERMISSION TO TRANSFER

THIS EASEMENT TO ANOTHER QUALIFIED ORGANIZATION. THE CRC DETERMINED THAT

THEY WOULD NOT BE ABLE TO ESTABLISH AN EASEMENT STEWARDSHIP PROGRAM AND,

IN 2018, AND MET WITH FOREST SOCIETY STAFF TO DISCUSS A TRANSFER OF THEIR

GRANTEE INTEREST. THE FOREST SOCIETY'S BOARD OF TRUSTEES VOTED TO ACCEPT

FULL GRANTEE INTEREST IN THIS EASEMENT ON 8/7/2019. THE CRC'S INTEREST IN

THIS CE HAS BEEN FULLY EXTINGUISHED.

- 2. WITHDRAWAL: YOUNG, E. & ROLLINS, C. CE: TRUSTEE OF THE YOUNG/ROLLINS

  FAMILY REVOCABLE TRUST OF 2015 ORIGINAL GRANTOR AND OWNERGENE YOUNG

  REQUESTED TO ENACT HIS RESERVED RIGHT TO WITHDRAW A PORTION OF HIS

  CONSERVATION EASEMENT PROPERTY FROM THE RESTRICTIONS. SINCE THE

  WITHDRAWAL WAS ENTIRELY PERMITTED BY THE CONSERVATION EASEMENT, APPROVAL

  FROM THE FOREST SOCIETY'S BOARD OF TRUSTEES WAS NOT NECESSARY. THE

  WITHDRAWAL WAS REVIEWED BY LEGAL COUNSEL AND APPROVED BY THE TOWN OF

  ALTON.
- 3. TRUE ADDITION: HOFFMAN #2 CE: JOHN AND JEAN HOFFMAN, THE ORIGINAL
  GRANTORS OF THIS CONSERVATION EASEMENT, DONATED AN ADDITIONAL 30.80 ACRES
  TO THE EXITING 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 OUR
  OUTSIDE LEGAL COUNSEL.
- 4. WITHDRAWAL: WILKINS #3: THOMAS AND SALLY WILKINSORIGINAL GRANTORS AND OWNERSREQUESTED TO ENACT THEIR RESERVED RIGHT TO WITHDRAW A PORTION OF THEIR CONSERVATION EASEMENT PROPERTY FROM THE RESTRICTIONS. SINCE THE WITHDRAWAL WAS ENTIRELY PERMITTED BY THE CONSERVATION EASEMENT, APPROVAL FROM THE FOREST SOCIETY'S BOARD OF TRUSTEES WAS NOT NECESSARY. THE WITHDRAWAL WAS REVIEWED BY LEGAL COUNSEL AND THE LOT SIZE WAS APPROVED BY THE TOWN OF MONT VERNON.

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 \$2,133,367 OF INVESTED RESTRICTED FUNDS AND \$1,362,252 OF THE PORTION OF PERPETUAL ENDOWMENT FUNDS SUBJECT TO TIME RESTRICTION UNDER UPMIFA AT APRIL 30, 2022. 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 THE INVESTED FUNDS WITHOUT DONOR RESTRICTIONS ALSO BOARD OF TRUSTEES. INCLUDES CHARITABLE GIFT ANNUITIES AMOUNTING TO \$423,830 AT APRIL 30, 2022.

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

Part XIII Supplemental Information (continued)

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 2019.

COST OF INVENTORY SALES	82,917.
RENTAL EXPENSES	30,140.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	113,057.

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

COST OF INVENTORY SALES	82,917.
CHANGE IN PRESENT VALUE OF ANNUITIES	-78,713.
RENTAL EXPENSES	30,140.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	34,344.

\*\*-\*\*\*2237 Page 5

#### SCHEDULE I (Form 990)

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.

SOCIETY FOR THE PROTECTION OF NEW

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SOCIETY FOR HAMPSHIRE		TECTION OF	NEW				Employer identification number **-***2237
Part I General Information on Grants an	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assisted.</li> <li>Describe in Part IV the organization's process.</li> </ol>	tance?cedures for monito	ring the use of grant t	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
BEAR-PAW REGIONAL GREENWAYS P.O. BOX 19 DEERFIELD, NH 03037	••*:* <u></u> **-*	5 <b>0163</b> 9	15,289.	0.			MERRIMACK CONSERVATION PARTNERSHIP LAND TRANSACTION GRANT PROGRAM
BEAR-PAW REGIONAL GREENWAYS P.O. BOX 19 DEERFIELD, NH 03037	••*:* <u></u> **-*	\$ <b>†1063</b> 9	6,667.	0.			MERRIMACK CONSERVATION PARTNERSHIP LAND TRANSACTION GRANT PROGRAM
ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVENUE ESSEX, MA 01929	••*:* <u></u> **-*	\$ <b>6429</b> 7	15,146.	0.			MERRIMACK CONSERVATION PARTNERSHIP LAND TRANSACTION GRANT PROGRAM
ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVENUE ESSEX, MA 01929	••*:* <u></u> ***	\$ <b>6123</b> 7	7,000.	0.			MERRIMACK CONSERVATION PARTNERSHIP LAND TRANSACTION GRANT PROGRAM
FIVE RIVERS CONSERVATION TRUST 6 DIXON AVENUE, #201 CONCORD, NH 03301	••*:***_*	501 <b>39</b> 4	20,000.	0.			MERRIMACK CONSERVATION PARTNERSHIP LAND TRANSACTION GRANT PROGRAM
MASS AUDUBON 127 COMBS ROAD EASTHAMPTON, MA 01027	••*:* <u></u> **-*		9,643.	0.			QUABBIN TO CARDIGAN LAND
2 Enter total number of section 501(c)(3) ar  3 Enter total number of other organizations	-		e line 1 table				7. 0.

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(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 non-cash assistance	(h) Purpose of grant or assistance		
SUDBURY VALLEY TRUSTEES 18 WOLBACH ROAD SUDBURY, MA 01776	••*:***-	<b>50105</b> 3	9,356.	0.			MERRIMACK CONSERVATION PARTNERSHIP LAND TRANSACTION GRANT PROGRAM		
,			,						

HAMPSHIRE FORESTS \*\*-\*\*\*2237

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	<u></u>
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE FOREST SOCIETY RECEIVES GRANTS	FOR THE	QUABBIN TO	CARDIGAN	PARTNERSHIP	
AND THE MERRIMACK CONSERVATION PART	NERSHIP.	THESE GRA	NTS FUND O	THER	
PROGRAMS THAT ARE AWARDED THROUGH T	THE PARTN	ERSHIPS IN	A COMPETI	TIVE	
APPLICATION PROCESS. GRANTS ARE AWA	ARDED TO	COVER TRAN	SACTION CO	STS INCURRED	
FOR COMPLETING LAND PROTECTION PROJ	JECTS OR	TRAIL, SCI	ENCE, EDUC	ATION OR	
OUTREACH PROJECTS. THE GRANTS REIM	BURSE THE	AWARDEE O	RGANIZATIO	N FOR MONIES	
ALREADY SPENT TO COMPLETE PROJECTS	COPIES	OF PAID I	NVOICES MU	ST BE	
SUBMITTED BEFORE FUNDS ARE DISBURSE					

#### SCHEDULE J (Form 990)

**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 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

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

Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: X **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JACK SAVAGE	(i)	155,033.	0.	0.	6,124.	11,089.	172,246.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							

# SOCIETY FOR THE PROTECTION OF NEW

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

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

Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2								
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							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	- 77		770 000	3 D D D 3 T C 3 T			
17	Real estate - Other	X	6	779,000.	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 organiz	zation durinç	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>			3	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	cked,			
	describe in Part II.	. ,		.,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

## SOCIETY FOR THE PROTECTION OF NEW

Schedule M	(Form 990) 2021	HAMPSHIRE	FORESTS	**-***2237	Page 2
Part II	(Form 990) 2021  Supplemental is reporting in Part this part for any ac-	Information. P	Provide the information required by Part I, lines 30b, 32b, and 33, umber of contributions, the number of items received, or a combin.	and whether the organization ation of both. Also comple	n te
	the part for any ac				
				_	

#### SCHEDULE O (Form 990)

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 for the latest information.

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MOST IMPORTANT LANDSCAPES AND PROMOTE THE WISE USE OF ITS NATURAL RESOURCES.

FORM 990, PART III, LINE 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: SPRING MAPLE PROGRAMS AND FALL BUS TOURS WERE BOTH SUCCESSFUL. THE BRETZFELDER PARK PROGRAMS WERE CONDUCTED VIA A MIXTURE OF ZOOM AND IN-PERSON FORMATS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE FISCAL YEAR 2022 WAS A TRANSITION FROM VIRTUAL PROGRAMS VIA ZOOM TO TRADITIONAL, OUTDOOR LIVE, FACE-TO-FACE PROGRAMS DESIGNED TO RE-CONNECT MEMBERS, VOLUNTEERS AND LOCAL AUDIENCES WITH THE FOREST SOCIETY MISSION AND TO NATURAL RESOURCE TOPICS INCLUDING FORESTRY, LAND CONSERVATION, NH HISTORY, WILDLIFE, RECREATION TRAILS AND MORE. LECTURES, HIKES, READINGS, AND TOURS DELIVERED FOREST SOCIETY CONTENT LIVE WHILE VIRTUAL PROGRAMS VIA ZOOM. COMMUNICATION IN STATEWIDE MEDIA VIA THE "FOREST JOURNAL" IN NH SUNDAY NEWS AND "SOMETHING WILD" FEATURES IN PARTNERSHIP

Schedule O (Form 990) 2021	Page 2
Name of the organization SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS	Employer identification number **-**2237
WITH NHPR AND NH AUDUBON.	
HIGHLIGHTS:	
SUMMER	
- PROGRAMS WITH THE JOHN HAY ESTATE AT THE FELLS,	
- 5 HIKES CHALLENGE DO-IT-YOURSELF HIKING MAPS AND GUIDES	FOR 26 FOREST
SOCIETY RESERVATION	
- MERRIMACK PADDLE CHALLENGE	
- CREEK FARM 14 SESSION SUMMER PROGRAMS SERIES	
- STAFF-LED TOURS OF FOREST SOCIETY RESERVATIONS.	
- VISITS BY SCHOOL CAMPS VISITS TO MERRIMACK RIVER FLOODP	LAIN
- DO-IT-YOURSELF, SELF-GUIDED PADDLING AND HIKING EXPERIE	NCES WERE
OFFERED VIA YEAR 1 OF THE SUMMER "MERRIMACK RIVER PADDLE	CHALLENGE" AND
DURING THE AUTUMN "FIVE HIKES CHALLENGE" REACHED NEARLY 7	00
ENTHUSIASTIC PARTICIPANTS.	
AUTUMN	
- 5 HIKES CHALLENGE, FEATURING DO-IT-YOURSELF HIKING MAPS	AND GUIDES
FOR 26 FOREST SOCIETY RESERVATIONS	
- ANNUAL MEETING AT CREEK FARM IN PORTSMOUTH	
- STAFF-LED TOURS OF FOREST SOCIETY RESERVATIONS.	
- SIX SCREENINGS OF THE FOREST SOCIETY FILM "THE MERRIMAC	K: RIVER AT
RISK"	
- BUS TOURS FOR ROCKS MAPLE EXPERIENCE REACHED 2200 VISIT	ORS
- DEDICATION OF JAMES DUE FAMILY PLAQUE WITH BLACK HERITA	
_ CDEEV FARM 5_DARM OCMORED DROCDAMC CERTEC	<del>02 11112 111</del>
- PARTNERSHIP WITH SNHU BOTANY CLASS AND A CAMPUS VISIT	

- MERRIMACK FILM FOR GRAPPONE INSTITUTE FOR HUMANITIES AT SAINT ANSELM

Schedule O (Form 990) 2021 Page 2 Name of the organization SOCIETY FOR THE PROTECTION OF NEW **Employer identification number** \*\*-\*\*\*2237 HAMPSHIRE FORESTS COLLEGE SERIES WINTER CREEK FARM 6-PART WINTER PROGRAMS SERIES - WINTER TIMBER HARVEST TOURS SERIES - ROCKS OUTDOOR SNOWSHOE TOURS BRETZFELDER PARK 4-PART EVENING PROGRAMS SERIES - OUTINGS AT THE ROCKS AND MAPLE WEEKENDS REACHED A TOTAL 400 **PARTICIPANTS** - COTTRELL-BALDWIN 4-PART LECTURE SERIES RETURNED LIVE TO FOX FOREST FOR 200 PARTICIPANTS - APPLE TREE PRUNING DEMONSTRATIONS AT BOTH THE ROCKS AND CREEK FARM SPRING EARTH DAY CLEAN UP AT MT MAJOR - TREE PLANTING FOR ARBOR DAY WITH STUDENTS FROM BROKEN GROUND SCHOOL FLOODPLAIN WALKING TOUR FOR OSHER LIFELONG LEARNING INSTITUTE MAPLE AND WILDLIFE PROGRAMS WITH CONCORD-BASED "GOOD LIFE" COMMUNITY EDUCATION - CONSERVATION HISTORY OF MOUNT SUNAPEE FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **MEMBERSHIP** THE FOREST SOCIETY CURRENTLY HAS 8,958 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. 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 AND PROVIDING LEGISLATORS WITH
INFORMATION ON ISSUES UNDER CONSIDERATION IN CONGRESS AND THE NH
LEGISLATURE.

THE STATE LEGISLATURE MEETS FROM JANUARY TO JUNE EACH YEAR. THE

MAJORITY OF THE ORGANIZATION'S POLICY STAFF STATE-LEVEL LOBBYING

EFFORTS OCCUR WITHIN THESE SIX-MONTH SESSIONS. THE FOREST SOCIETY

LOBBIES SPECIFICALLY ON BILLS RELATING TO SPNHF'S MISSION INCLUDING

THOSE ADDRESSING FORESTRY, WATER QUALITY, AIR QUALITY, LAND

CONSERVATION, ENERGY FACILITY SITING, RENEWABLE ENERGY AND ENERGY

EFFICIENCY.

FOR EXAMPLE, IN THE 2022 LEGISLATIVE SESSION, WE ADVOCATED FOR

LEGISLATION THAT ESTABLISHED THE NH LOW-GRADE WOOD AND EMERGING MARKETS

COMMISSION. BECAUSE THE FOREST SOCIETY HARVESTS WOOD OFF OUR

RESERVATIONS, FINDING ADDITIONAL MARKETS FOR THIS WOOD IS IMPORTANT TO

FURTHERING OUR EFFORTS TO PROMOTE SUSTAINABLE FORESTRY. BECAUSE THE

INCREASE IN OHRV USE IN NH HAS CREATED CONFLICTS, WE ALSO ADVOCATED FOR

THE PASSAGE OF LEGISLATION TO ESTABLISH AN OHRV STUDY COMMISSION WHICH

WILL FOCUS ON OHRV USE IN NEW HAMPSHIRE. BECAUSE THE PROTECTION OF

NH'S WATER RESOURCES IS ANOTHER PRIORITY OF THE FOREST SOCIETY, WE ALSO

ADVOCATED FOR THE PASSAGE OF LEGISLATION TO STRENGTHEN THE STANDARDS

Schedule O (Form 990) 2021 Page **2** 

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

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

FOR SITING A SOLID WASTE LANDFILL NEAR A BODY OF WATER.

FINALLY, WE WORK DIRECTLY WITH OUR FEDERAL CONGRESSIONAL DELEGATION ON

FEDERAL LEGISLATION WHICH IMPACTS SPNHF'S MISSION. FOR EXAMPLE, PRIOR

TO THE PASSAGE OF THE FEDERAL INFLATION REDUCTION ACT (IRA), WE WORKED

WITH THE NH CONGRESSIONAL DELEGATION ON SEVERAL PROGRAMS THAT BECOME

PART OF THE ENACTED INFLATION REDUCTION ACT INCLUDING ADDITIONAL

FUNDING FOR THE FEDERAL FOREST LEGACY PROGRAM AND A PROGRAM TO PROVIDE

INCENTIVES FOR PRIVATE FOREST OWNERS TO IMPROVE AND MAINTAIN

SUSTAINABLE FOREST MANAGEMENT THAT SEQUESTERS ADDITIONAL CARBON.

WE HAVE ALSO BEEN WORKING WITH THE CONGRESSIONAL DELEGATION TO PASS THE

CHARITABLE CONSERVATION EASEMENT INTEGRITY ACT, LEGISLATION DESIGNED TO

CURTAIL TAX ABUSES WITH CONSERVATION EASEMENTS. WHILE THE LEGISLATION

IS STILL PENDING, THE NH DELEGATION IS SUPPORTIVE.

EXPENSES \$ 376,480. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,660.

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

THE FOREST SOCIETY IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT CURRENTLY HAS 8,958 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE BOARD SECRETARY AT THEIR ANNUAL MEETING. THE
CANDIDATE FOR BOARD SECRETARY IS RECOMMENDED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 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:

AVAILABLE ON THE FOREST SOCIETY'S WEBSITE OR BY REQUESTING COPIES FROM THE

Schedule O (Form 990) 2021 Page **2** 

Schedule O (Form 990) 2021	Page 2
Name of the organization SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS	Employer identification number **-**2237
FINANCE DIRECTOR. THE ORGANIZATION'S BYLAWS, WHICH INCLU	JDE A CONFLICT OF
INTEREST STATEMENT, ARE ALSO AVAILABLE ON THE FOREST SOCIE	ETY'S WEBSITE.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	3:
BANK FEES:	
PROGRAM SERVICE EXPENSES	4,682.
MANAGEMENT AND GENERAL EXPENSES	1,598.
FUNDRAISING EXPENSES	15,379.
TOTAL EXPENSES	21,659.
SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	16,954.
MANAGEMENT AND GENERAL EXPENSES	2,558.
FUNDRAISING EXPENSES	607.
TOTAL EXPENSES	20,119.
MISCELLANEOUS EXPENSE :	
PROGRAM SERVICE EXPENSES	493.
MANAGEMENT AND GENERAL EXPENSES	2,732.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,225.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	45,003.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN PRESENT VALUE OF ANNUITIES	78,713.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEARS.	
132212 11-11-21	Schedule O (Form 990) 2021

### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2022**

Name SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS	Employer Identifica * * - * * * 2 2	ation Number 2 3 7
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - GROWING/SELLING	CHRIS	158,143.

Name: SOCIETY FOR THE PROTECTION OF NEW H	FEIN:	**-***2237

		and Entity: GRO	GROWING/SELLING CHRIST POST-2017 NO nitation Section 382 Carryover			DETAIL CARRYOVER SCHEDULE						
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 04/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	2018	142,191. 73,746.	87,789.	87,789.								
	2019 2020	73,746. 29,995.										
D	2020	29,995.										
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