Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047 **2019** Open to Public Inspection

A For the 2019 calendar year, or tax year beginning MAY 1, 2019 and ending APR 30, 2020

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 54 PORTSMOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code: CONCORD, NH 03301

D Employer identification number: **-***2237

E Telephone number: (603) 224-9945

G Gross receipts $ 15,418,057.

F Name and address of principal officer: JACK SAVAGE 54 PORTSMOUTH STREET, CONCORD, NH 03301

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.FORESTSOCIETY.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1901 M State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS WAS FOUNDED IN 1901 TO PROTECT THE STATE'S

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	91
6	Total number of volunteers (estimate if necessary)	6	301
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	84,351.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	-73,746.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,742,302.	8,575,991.
	9	Program service revenue (Part VIII, line 2g)	499,912.	281,253.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	567,539.	505,961.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	326,173.	2,382,546.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,135,926.	11,745,751.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	125,721.	140,295.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,024,841.	2,938,606.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 624,109.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,709,308.	4,759,908.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,859,870.	7,838,809.
	19	Revenue less expenses. Subtract line 18 from line 12	-723,944.	3,906,942.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	86,507,374.	88,800,388.
	21	Total liabilities (Part X, line 26)	996,741.	999,044.
	22	Net assets or fund balances. Subtract line 21 from line 20	85,510,633.	87,801,344.

Part II Signature Block

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

Sign Here ▶ Signature of officer — Date 10/14/2020

▶ JACK SAVAGE, PRESIDENT — Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	ORESTE J. MOSCA, CPA	ORESTE J. MOSCA, CPA	10/13/20		P00366101
	Firm's name ▶ NATHAN WECHSLER & COMPANY, P.A.			Firm's EIN ▶ **-***7524	
	Firm's address ▶ 70 COMMERCIAL STREET, 4TH FLOOR CONCORD, NH 03301			Phone no. 603-224-5357	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS WAS FOUNDED IN 1901 TO PROTECT THE STATE'S MOST IMPORTANT LANDSCAPES AND PROMOTE THE WISE USE OF ITS NATURAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,879,992. including grants of $) (Revenue $ 244,207.)
LAND AND EASEMENT STEWARDSHIP: THE SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS OWNS AND MANAGES 190 RESERVATIONS COVERING MORE THAN 57,000 ACRES. IN FY20, WE RAN 11 TIMBER HARVESTS COVERING 525 ACRES. WE HARVESTED 1.65 MILLION BOARD FEET OF SAWLOGS AND 12,350 TONS OF LOW GRADE WOOD. THIS BROUGHT IN $202,300 IN STUMPAGE REVENUE. WE UPDATED OUR OVERARCHING MANAGEMENT PLANS FOR OUR LANDS. WE TRAINED 16 NEW VOLUNTEER LAND STEWARDS, BRINGING OUR TOTAL OF LAND STEWARDS TO 173, PROVIDING 100% COVERAGE OF FOREST SOCIETY RESERVATIONS. OUR VOLUNTEER EASEMENT MONITORING PROGRAM (VEMP) SAW 12 VOLUNTEERS MONITOR 40 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 4,500 CHRISTMAS TREES. WE HOSTED MORE THAN 60

4b (Code:) (Expenses $ 3,582,786. including grants of $) (Revenue $ 24,099.)
LAND PROTECTION: THE FOREST SOCIETY CONSERVED 700 ACRES THROUGH 11 LAND PROTECTION PROJECTS ACROSS THE STATE. AMONG THE PROJECTS WERE FOUR FEE ACQUISITIONS TOTALING 367 ACRES ADDED TO OUR RESERVATIONS AND SEVEN CONSERVATION EASEMENTS TOTALING 333 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.

4c (Code:) (Expenses $ 509,315. including grants of $ 140,295.) (Revenue $ 3,292.)
EDUCATION AND OUTREACH: HIGHLIGHTS AND ACHIEVEMENTS OF THE FOREST SOCIETY'S EDUCATION AND OUTREACH ACTIVITES DURING THE YEAR INCLUDE THE FOLLOWING:

O MOUNT MAJOR OUTDOOR CLASSROOM OUTREACH PROGRAMS FOR SCHOOL FIELD TRIPS FOR FIVE SCHOOLS IN MAY/JUNE; SEVEN SCHOOLS IN SEPTEMBER/OCTOBER

O MOUNT KEARSARGE OUTDOOR CLASSROOM AT KEARSARGE REGIONAL HIGH SCHOOL WITH A FOCUC ON TROUT HABITAT ON THE BLACK MOUNTAIN FOREST, TROUT AND MACRO-INVERTEBRATE SAMPLING

O AG IN THE CLASSROOM-A FIELD DAY FOR NORTH COUNTRY REGION SCHOOLS AT

4d Other program services (Describe on Schedule O.)
(Expenses $ 474,881. including grants of $) (Revenue $ 9,655.)

4e Total program service expenses ▶ 6,446,974.

SEE SCHEDULE O FOR CONTINUATION(S)

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*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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*	17		X
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		X
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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		X
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	112			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

					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	91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	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).**					
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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			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	13b				
c	Enter the amount of reserves on hand	13c				
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 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.					

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
	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 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	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?			
a	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TONY CHEEK - (603)224-9945
54 PORTSMOUTH STREET, CONCORD, NH 03301

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 .... [X]

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JANE DIFLEY OUTGOING PRESIDENT/FORESTER	40.00	X		X				126,715.	0.	29,293.
(2) DON FLOYD TRUSTEE	3.00	X						0.	0.	0.
(3) ALLYSON HICKS TRUSTEE	3.00	X						0.	0.	0.
(4) LORIN RYDSTROM TRUSTEE	3.00	X						0.	0.	0.
(5) KAREN MORAN SECRETARY	3.00	X		X				0.	0.	0.
(6) DEB BUXTON TRUSTEE	3.00	X						0.	0.	0.
(7) BILL CRANGLE VICE CHAIR	3.00	X		X				0.	0.	0.
(8) AMY MCLAUGHLIN TRUSTEE	3.00	X						0.	0.	0.
(9) DEANNA HOWARD TRUSTEE	3.00	X						0.	0.	0.
(10) CHARLES BRIDGES TRUSTEE	3.00	X						0.	0.	0.
(11) DREW KELLNER TRUSTEE	3.00	X						0.	0.	0.
(12) ANDY SMITH TREASURER	3.00	X		X				0.	0.	0.
(13) PETER FAUVER TRUSTEE	3.00	X						0.	0.	0.
(14) WILLIAM TUCKER CHAIR	3.00	X		X				0.	0.	0.
(15) ANDY LIETZ TRUSTEE	3.00	X						0.	0.	0.
(16) NANCY MARTLAND TRUSTEE	3.00	X						0.	0.	0.
(17) JANET ZELLER TRUSTEE	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JACK SAVAGE PRESIDENT	40.00	X		X				105,559.	0.	35,057.
(19) JASON HICKS TRUSTEE	3.00	X						0.	0.	0.
(20) MICHAEL MORISON TRUSTEE	3.00	X						0.	0.	0.
(21) THOMAS WAGNER TRUSTEE	3.00	X						0.	0.	0.
(22) SUSANNE KIBLER-HACKER VP FOR DEVELOPMENT	40.00					X		100,366.	0.	29,581.
1b Subtotal								332,640.	0.	93,931.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								332,640.	0.	93,931.

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

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII | Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	439,485.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,122,220.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,014,286.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 1,423,500.				
	h	**Total.** Add lines 1a-1f ▶			8,575,991.			
Program Service Revenue			Business Code					
	2 a	FOREST OPERATIONS	113310		204,370.	204,370.		
	b	REIMBURSEMENT FOR SERVICES	611699		76,883.	76,883.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			281,253.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			436,643.			436,643.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a	299,951. /				
	b	Less: rental expenses	6b	35,241. /				
	c	Rental income or (loss)	6c	264,710. /				
	d	Net rental income or (loss) ▶			264,710.			264,710.
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	2,594,217. / 901,500.				
	b	Less: cost or other basis and sales expenses	7b	2,547,902. / 878,497.				
	c	Gain or (loss)	7c	46,315. / 23,003.				
	d	Net gain or (loss) ▶			69,318.			69,318.
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	10a	419,104.				
	b	Less: cost of goods sold	10b	210,666.				
	c	Net income or (loss) from sales of inventory ▶			208,438.	124,087.	84,351.	
Miscellaneous Revenue			Business Code					
	11 a	GAIN ON INSURANCE PROCEEDS	900099		1,855,818.			1,855,818.
	b	MISCELLANEOUS	900099		53,580.	53,580.		
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			1,909,398.			
	12	**Total revenue.** See instructions ▶			11,745,751.	458,920.	84,351.	2,626,489.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	140,295.	140,295.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,447.	47,524.	117,422.	62,501.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,151,780.	1,497,650.	302,300.	351,830.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,115.	43,146.	7,271.	9,698.
9 Other employee benefits	321,080.	224,540.	43,053.	53,487.
10 Payroll taxes	178,184.	117,405.	30,127.	30,652.
11 Fees for services (nonemployees):				
a Management				
b Legal	105,975.	104,516.	1,459.	
c Accounting	31,600.		31,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	570,494.	389,898.	150,228.	30,368.
12 Advertising and promotion	146,960.	140,064.	733.	6,163.
13 Office expenses	123,839.	77,640.	28,839.	17,360.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	57,924.	48,834.	6,947.	2,143.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,718.	19,884.	4,784.	50.
20 Interest	9,953.	9,924.	29.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	185,531.	169,351.	11,946.	4,234.
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) amount, list line 24e expenses on Schedule O.)				
a CONSERVATION EASEMENTS	2,175,000.	2,175,000.		
b DONATED CONSERVATION EA	856,500.	856,500.		
c BUILDING AND GROUNDS	375,913.	321,562.	12,902.	41,449.
d PROGRAM AND EVENT EXPEN	55,769.	39,738.	13,775.	2,256.
e All other expenses SEE SCH O	39,732.	23,503.	4,311.	11,918.
25 **Total functional expenses.** Add lines 1 through 24e	7,838,809.	6,446,974.	767,726.	624,109.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,126.	1	1,415.
	2	Savings and temporary cash investments	2,825,318.	2	7,327,486.
	3	Pledges and grants receivable, net	352,875.	3	404,315.
	4	Accounts receivable, net	85,904.	4	63,142.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	289,691.	8	158,269.
	9	Prepaid expenses and deferred charges	68,082.	9	90,796.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 70,944,053.			
	b	Less: accumulated depreciation — 10b: 4,370,374.	66,518,427.	10c	66,573,679.
	11	Investments - publicly traded securities	16,365,951.	11	14,181,286.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	86,507,374.	16	88,800,388.
Liabilities	17	Accounts payable and accrued expenses	177,834.	17	138,456.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	240,000.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	370,250.	24	658,100.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	208,657.	25	202,488.
	26	**Total liabilities.** Add lines 17 through 25	996,741.	26	999,044.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,475,675.	27	9,006,943.
	28	Net assets with donor restrictions	78,034,958.	28	78,794,401.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	85,510,633.	32	87,801,344.
	33	Total liabilities and net assets/fund balances	86,507,374.	33	88,800,388.

Part XI 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	11,745,751.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,838,809.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,906,942.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85,510,633.
5	Net unrealized gains (losses) on investments	5	-1,342,579.
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	-273,652.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	87,801,344.

Part XII Financial Statements and Reporting

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

			Yes	No
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 in Schedule O.			
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			
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

Employer identification number **-***2237

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6869499.	7822378.	7948048.	5742302.	8575991.	36958218.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6869499.	7822378.	7948048.	5742302.	8575991.	36958218.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1365842.
6 **Public support.** Subtract line 5 from line 4.						35592376.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6869499.	7822378.	7948048.	5742302.	8575991.	36958218.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	623,281.	607,790.	631,231.	748,337.	736,594.	3347233.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	50,622.	43,490.	50,037.	0.	0.	144,149.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						40449600.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 87.99 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 87.20 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section 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).**

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2 Activities Test. **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3 Parent of Supported Organizations. **Answer (a) and (b) below.**			
a 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? *Provide details in* **Part VI.**	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

Employer identification number: **-***2237

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

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

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

LHA

932041 11-26-19

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	78,848.	
c Total lobbying expenditures (add lines 1a and 1b)	78,848.	
d Other exempt purpose expenditures	7,970,627.	
e Total exempt purpose expenditures (add lines 1c and 1d)	8,049,475.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	552,474.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	138,119.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	429,305.	523,519.	562,839.	552,474.	2,068,137.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,102,206.
c Total lobbying expenditures	46,928.	60,129.	66,014.	78,848.	251,919.
d Grassroots nontaxable amount	107,326.	130,880.	140,710.	138,119.	517,035.
e Grassroots ceiling amount (150% of line 2d, column (e))					775,553.
f Grassroots lobbying expenditures	27,761.	27,208.	24,607.		79,576.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

PART II-A, LINES 1 AND 2

GRASSROOTS LOBBYING IS LARGELY PERFORMED BY TWO FOREST SOCIETY POLICY STAFF ON ISSUES FOR WHICH WE ARE ALSO LOBBYING FEDERAL AND STATE LEGISLATORS. FOR EXAMPLE, TO SUPPORT OUR LEGISLATIVE LOBBYING FOR PUBLIC FUNDING OF LAND CONSERVATION, WE ALLOCATE TIME TO WORK WITH SISTER CONSERVATION ORGANIZATIONS TO REACH OUT DIRECTLY TO VOTERS ASKING THEM TO

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 15% IS SPENT ON FEDERAL LEGISLATION AND 85% 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
2019
Open to Public Inspection

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

Employer identification number: **-***2237

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [X] Preservation of land for public use (for example, recreation or education)
- [X] Protection of natural habitat
- [X] Preservation of open space
- [X] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	737
b	Total acreage restricted by conservation easements	2b	134,642.00
c	Number of conservation easements on a certified historic structure included in (a)	2c	1
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 6

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 9530

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 371,196.

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,365,951.	16,285,221.	12,900,201.	12,422,309.	13,702,217.
b Contributions	0.	244,324.	3,160,520.	385,551.	717,153.
c Net investment earnings, gains, and losses	-869,799.	821,420.	1,369,813.	1,450,026.	-522,972.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,289,867.	960,014.	1,083,069.	1,300,123.	1,412,300.
f Administrative expenses	25,000.	25,000.	62,244.	57,562.	61,789.
g End of year balance	14,181,285.	16,365,951.	16,285,221.	12,900,201.	12,422,309.

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

a Board designated or quasi-endowment ▶ 12.48 %
b Permanent endowment ▶ 66.47 %
c Term endowment ▶ 21.05 %

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		64,099,066.		64,099,066.
b Buildings		5,199,610.	3,238,396.	1,961,214.
c Leasehold improvements		752,531.	394,270.	358,261.
d Equipment		648,493.	502,955.	145,538.
e Other		244,353.	234,753.	9,600.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				66,573,679.

Schedule D (Form 990) 2019

932052 10-02-19

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	202,488.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	202,488.

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]

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements			1	10,649,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,342,579.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	245,907.		
e	Add lines **2a** through **2d**			2e	-1,096,672.
3	Subtract line **2e** from line **1**			3	11,745,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	11,745,751.

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

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

1	Total expenses and losses per audited financial statements			1	8,358,368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	519,559.		
e	Add lines **2a** through **2d**			2e	519,559.
3	Subtract line **2e** from line **1**			3	7,838,809.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	7,838,809.

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:

TRANSFER: WALLMAN CONSERVATION EASEMENT: EASEMENT LANDOWNER, CARL WALLMAN ASKED THE FOREST SOCIETY TO ASSIGN THE EASEMENTS TO THE SOUTHEAST LAND TRUST OF NH (SELT) SO THAT SELT COULD FURTHER RESTRICT THE LANDS WITH AN OPTION TO PURCHASE AT AGRICULTURAL VALUE (OPAV), A TOOL TO SUPPORT THE AFFORDABILITY AND ACCESSIBILITY OF FARMLAND TO WORKING FARMERS. CARL WAS THE ORIGINAL GRANTOR OF THE PROPERTY. THE TRANSFER WAS FUNDED AND LED BY SOUTHEAST LAND TRUST NH.

TRANSFER: WALLMAN #2 CONSERVATION EASEMENT: EASEMENT LANDOWNER, CARL WALLMAN ASKED THE FOREST SOCIETY TO ASSIGN THE EASEMENTS TO THE SOUTHEAST LAND TRUST OF NH (SELT) SO THAT SELT COULD FURTHER RESTRICT THE LANDS WITH AN OPTION TO PURCHASE AT AGRICULTURAL VALUE (OPAV), A TOOL TO

Part XIII Supplemental Information *(continued)*

SUPPORT THE AFFORDABILITY AND ACCESSIBILITY OF FARMLAND TO WORKING FARMERS. CARL WAS THE ORIGINAL GRANTOR OF THE PROPERTY. THE TRANSFER WAS FUNDED AND LED BY SOUTHEAST LAND TRUST NH. THE TOWN OF NORTHWOOD, WHO HOLD THE EXECUTORY INTEREST, ALSO APPROVED THE TRANSFER.

TRANSFER: GALLAGHER, C. & D. CONSERVATION EASEMENT: EASEMENT LANDOWNER, CARL WALLMAN ASKED THE FOREST SOCIETY TO ASSIGN THE EASEMENTS TO THE SOUTHEAST LAND TRUST OF NH (SELT) SO THAT SELT COULD FURTHER RESTRICT THE LANDS WITH AN OPTION TO PURCHASE AT AGRICULTURAL VALUE (OPAV), A TOOL TO SUPPORT THE AFFORDABILITY AND ACCESSIBILITY OF FARMLAND TO WORKING FARMERS. CARL WAS NOT THE ORIGINAL GRANTOR OF THE PROPERTY AND HAD PURCHASED IT FROM THE ORIGINAL GRANTORS IN 2015. THE TRANSFER WAS FUNDED AND LED BY SOUTHEAST LAND TRUST NH. THE TOWN OF NORTHWOOD, WHO HOLD THE EXECUTORY INTEREST, ALSO APPROVED THE TRANSFER.

TRUE ADDITION: TOWN OF LEE #2 CONSERVATION EASEMENT: THE TOWN OF LEE DONATED AN ADDITIONAL 7.49 ACRES TO THE EXISTING EASEMENT. THE EASEMENT TERMS WERE NOT MODIFIED OR AMENDED. THE ADDITION WAS REVIEWED AND APPROVED BY THE NEW HAMPSHIRE ATTORNEY GENERAL AND THE FOREST SOCIETY'S BOARD OF TRUSTEES WITH OVERSIGHT BY OUR OUTSIDE LEGAL COUNSEL.

AMENDMENT: BOLTON CONSERVATION EASEMENT: LANDOWNER AND ORIGINAL GRANTOR, FRANCIS BOLTON JR REQUESTED AN AMENDMENT TO HIS CONSERVATION EASEMENT TO HELP ACCOMPLISH A SUBSEQUENT WITHDRAWAL. THE AMENDMENT ALLOWED THE FOLLOWING USE LIMITATIONS TO BE ALTERED TO THE FOLLOWING: A.) SECTION 3.E: THIS RESERVED RIGHT PERMITS A 1.9 ACRES LOT TO BE CONVEYED ONLY TO LOT 203/98.3. THE AMENDMENT WILL ALLOW IT TO BE CONVEYED INSTEAD TO LOT 203/98.2. B.) SECTION 3.C: ELIMINATE THIS RESERVED RIGHT, WHICH ALLOWS TRACT 1 AND TRACT 2 TO BE CONVEYED SEPARATELY; AND C.) SECTION 3.F: ELIMINATE THIS RESERVED RIGHT, WHICH ALLOWS FOR THE WITHDRAWAL OF A 3 ACRES HOUSE LOT TO SERVE TRACT 2 ONCE SUBDIVIDED. THE AMENDMENT WAS

Part XIII Supplemental Information *(continued)*

APPROVED BY THE ATTORNEY GENERAL'S OFFICE AND THE FOREST SOCIETY'S BOARD OF TRUSTEES WITH OVERSIGHT BY OUR OUTSIDE LEGAL COUNSEL.

WITHDRAWAL: BOLTON CONSERVATION EASEMENT: LANDOWNER AND ORIGINAL GRANTOR, FRANCIS BOLTON JR REQUESTED TO ENACT HIS RESERVED RIGHT TO WITHDRAW A PORTION OF HIS CONSERVATION EASEMENT PROPERTY FROM THE RESTRICTIONS. THE PARTICULAR WITHDRAWAL WAS AMENDED BY THE PREVIOUSLY NOTED AMENDMENT. SINCE THE WITHDRAWAL WAS ENTIRELY PERMITTED BY THE CONSERVATION EASEMENT AFTER THE ENACTMENT OF THE ABOVE-MENTIONED AMENDMENT, APPROVAL WAS NOT NECESSARY FROM THE FOREST SOCIETY'S BOARD OF TRUSTEES. THE WITHDRAWAL WAS REVIED BY LEGAL COUNSEL.

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 $2,225,853 OF INVESTED RESTRICTED FUNDS AND $772,720 OF THE PORTION OF PERPETUAL ENDOWMENT FUNDS SUBJECT TO TIME RESTRICTION UNDER UPMIFA AT APRIL 30, 2020. THE FUNDS WITHOUT DONOR RESTRICTIONS ARE SUBJECT TO THE FOREST SOCIETY'S SPENDING POLICY TO SUPPORT OPERATIONS BUT

Part XIII Supplemental Information *(continued)*

ARE ALSO AVAILABLE FOR THE ORGANIZATION'S USE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES. THE INVESTED FUNDS WITHOUT DONOR RESTRICTIONS ALSO INCLUDES CHARITABLE GIFT ANNUITIES AMOUNTING TO $412,734 AT APRIL 30, 2020.

PART X, LINE 2:

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

THE FOREST SOCIETY HAS ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, MANAGEMENT HAS EVALUATED THE FOREST SOCIETY'S TAX POSITIONS AND CONCLUDED THE FOREST SOCIETY HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOREST SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF INVENTORY SALES	210,666.
RENTAL EXPENSES	35,241.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	245,907.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII **Supplemental Information** *(continued)*

COST OF INVENTORY SALES	210,666.
CHANGE IN PRESENT VALUE OF ANNUITIES	34,878.
RENTAL EXPENSES	35,241.
NON-OPERATING BUILDING RENOVATIONS - CREEK FARM	238,774.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	519,559.

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number **-***2237

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONADNOCK CONSERVANCY 15 EAGLE COURT, SECOND FLOOR, PO BO KEENE, NH 03431	**-***0420	501C3	7,032.	0.			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION
PISCATAQUOG LAND CONSERVANCY 5A MILL STREET NEW BOSTON, NH 03070	**-***5677	501C3	15,000.	0.			MERRIMACK RIVER CONSERVATION PARTNERSHIP GRANT FOR LAND PROTECTION
FRANCESTOWN LAND TRUST PO BOX 132 FRANCESTOWN, NH 03043	**-***0827	501C3	5,851.	0.			MERRIMACK RIVER CONSERVATION PARTNERSHIP GRANT FOR LAND PROTECTION
UPPER VALLEY LAND TRUST PO BOX 1215 NORWICH, VT 05055	**-***9847	501C3	10,000.	0.			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION
BEAR-PAW REGIONAL GREENWAYS PO BOX 19 DEERFIELD, NH 03037	**-***0659	501C3	17,079.	0.			MERRIMACK RIVER CONSERVATION PARTNERSHIP GRANT FOR LAND PROTECTION
HARRIS CENTER FOR CONSERVATION EDUCATION - ANTRIM WIND ENERGY PROJECT - 83 KINGS HIGHWAY - HANCOCK, NH 03229	**-***4297	149	10,000.	0.			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2019)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 10-26-19

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRIS CENTER FOR CONSERVATION EDUCATION - GRANITE LAKE HEADWATERS - 83 KINGS HIGHWAY - HANCOCK, NH 03229	**-***7594	501C3	10,000.	0.			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION QUABBIN TO CARDIGAN
SOUTHEAST LAND TRUST OF NEW HAMPSHIRE - PO BOX 675 - EXETER, NH 03833	**-***2783	501C3	20,000.	0.			MERRIMACK RIVER CONSERVATION PARTNERSHIP GRANT FOR LAND PROTECTION
SUDBURY VALLEY TRUSTEES 18 WOLBACK ROAD SUDBURY, MA 01776	**-***9963	501C3	5,484.	0.			MERRIMACK RIVER CONSERVATION PARTNERSHIP GRANT FOR LAND PROTECTION
MASS AUDUBON - TAMBURRINI 127 COMBS ROAD EASTHAMPTON, MA 01027	**-***4702	149	7,350.	0.			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION
NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONPELIER, VT 05602	**-***9039	149	5,000.	0.			QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE FOREST SOCIETY RECEIVES GRANTS FOR THE QUABBIN TO CARDIGAN PARTNERSHIP AND THE MERRIMACK CONSERVATION PARTNERSHIP. THESE GRANTS FUND OTHER PROGRAMS THAT ARE AWARDED THROUGH THE PARTNERSHIPS IN A COMPETITIVE APPLICATION PROCESS. GRANTS ARE AWARDED TO COVER TRANSACTION COSTS INCURRED FOR COMPLETING LAND PROTECTION PROJECTS OR TRAIL, SCIENCE, EDUCATION OR OUTREACH PROJECTS. THE GRANTS REIMBURSE THE AWARDEE ORGANIZATION FOR MONIES ALREADY SPENT TO COMPLETE PROJECTS. COPIES OF PAID INVOICES MUST BE SUBMITTED BEFORE FUNDS ARE DISBURSED TO THE GRANTEE.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

HARRIS CENTER FOR CONSERVATION EDUCATION - GRANITE LAKE HEADWATERS

(H) PURPOSE OF GRANT OR ASSISTANCE: QUABBIN TO CARDIGAN PARTNERSHIP

GRANT FOR LAND PROTECTION

QUABBIN TO CARDIGAN PARTNERSHIP GRANT FOR LAND PROTECTION

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number: **-***2237

Part I Questions Regarding Compensation

			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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANE DIFLEY	(i)	126,715.	0.	0.	4,896.	24,397.	156,008.	0.
OUTGOING PRESIDENT/FORESTER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Employer identification number: **-***2237

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
GORDON RUSSELL	SPOUSE O	BARGAIN	X		600,000.	0.		X	X		X	
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Part V **Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: GORDON RUSSELL

(B) RELATIONSHIP WITH ORGANIZATION: SPOUSE OF FORMER TRUSTEE

(C) PURPOSE OF LOAN: BARGAIN REAL ESTATE PURCHASE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT $ 600,000. (F) BALANCE DUE $ 0.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	7	1,423,500.	APPRAISAL
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .... 29 | 2

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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

GROUPS FOR EDUCATIONAL PROGRAMMING INCLUDING BUS TOURS AND PRIVATE TOURS, BUT HOSTED ONLY 70 VISITORS TO THE MAPLE WEEKEND, BECAUSE OF THE COVID19 PANDEMIC. THE FOREVER GREEN PROGRAM WITH THE LOCAL ELEMENTARY SCHOOL WAS WELL ATTENDED BY ALL SEVEN CLASSES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ROCKS IN BETHLEHEM

O AG IN THE CLASSROOM / "HOW TREES GROW" AND "TREE RINGS" ACTIVITIES DURING FIELD DAY FOR SEACOAST REGION SCHOOLS AT UNH DAIRY FARM IN DURHAM

O "WILD FELINES" LECTURE AND WINTER MAMMAL TRACKING AT THE ROCKS. LED

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BY SUE MORSE OF KEEPING TRACK

O "WILD CANINES" LECTURE IN NEW LONDON AND MAMMAL TRACKING WORKSHOP AT THE FELLS AND HAY RESERVATION. LED BY SUE MORSE OF KEEPING TRACK

O NH MAPLE MUSEUM AND SPRING MAPLE EDUCATION PROGRAMS AT THE ROCKS

O HAY FOREST RESERVATION AND THE FELLS JUNE/JULY PROGRAMS FAMOUS TREES OF THE FELLS, SUNSET HILL PICNIC HIKE, AND HIDDEN HISTORY HIKE

O BRETZFELDER PARK FAMILY EDUCATIONAL SERIES IN BETHLEHEM

O MERRIMACK RIVER FLOODPLAIN EDUCATION SUMMER & FALL PROGRAM SERIES:

CONSERVATION CENTER COMMUNITY NIGHT

FLOODPLAIN ON-SITE USERS QUESTIONNAIRE

PUBLIC PROGRAMS: DRAGONFLIES, TREE ID, BIRDING

PRIVATE PROGRAMS: HAVENWOOD/HERITAGE HEIGHTS, RUNDLETT MIDDLE SCHOOL, BROKEN GROUND SCHOOL SUMMER CAMP SESSION, SHAKER ROAD SCHOOL, CONCORD PROJECT "SEE"

O CREEK FARM EDUCATION PROGRAMS AND PARTNERSHIPS

CENTER FOR WILDLIFE PROGRAMS, "NATURE'S BUG BRIGADE" (BATS)

PORTSMOUTH GUNDALOW COMPANY RIVER RATS SUMMER DAY CAMP SESSIONS

YOGA CLASSES, TINKERGARTEN SESSIONS, PADDLING INTERESTS, SPECIAL EVENTS

O SAGAMORE CREEK CLEAN-UP DAY

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O NEW HAMPSHIRE FARM & FOREST EXPO

O "FIVE HIKES IN FIVE WEEKS" - AN AUTUMN 2019 SERIES OF TEN STAFF-GUIDED HIKES AT FIVE DIFFERENT FOREST SOCIETY SCENIC DESTINATIONS

O LEAVE NO TRACE "TRAILS TRIVIA NIGHT" EVENT AT AREA 23 IN CONCORD

O LEAVE NO TRACE "HOT SPOT" DESIGNATION FOR MT MAJOR: SUMMER OUTREACH AND TRAINING

O GRANITE GEEK LIVE CONCORD SCIENCE CAF PANEL DISCUSSION "THE HIDDEN LIFE OF TREES"

O CLAY BROOK FOREST TOURS FOR HAMPTON FALLS MIDDLE SCHOOL STUDENTS

O FOREST SOCIETY ANNUAL MEETING AND WITH REGIONAL FIELD TRIPS FOR MEMBERS AND GUESTS AT GUNSTOCK SKI AREA AND NEARBY FOREST SOCIETY RESERVATIONS

O COVERTS PROGRAM: SUSTAINABLE FORESTRY, MCCABE FOREST HIKE

O NATURAL RESOURCE STEWARDS PROGRAM (UNH EXTENSION) TRAINING SESSION AT CANTERBURY SHAKER VILLAGE - CLASSROOM AND FIELD TRIP RE: FORESTRY AND "READING THE FORESTED LANDSCAPE."

O FIRST DAY HIKES AT MOUNT MONADNOCK

O TIMBER HARVESTING TOUR: HEALD TRACT (WILTON AND TEMPLE), WINSHEBLO

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FOREST (GILFORD), YATSEVITCH (CORNISH)

O KEARSARGE REGIONAL HIGH SCHOOL CAREER DAY

O ROUTED SIGN MAKING WORKSHOP

O SUGAR MAPLE REGENERATION CITIZEN SCIENCE PROGRAM

O AMERICAN CHESTNUT ORCHARD PLANTING AT TOM RUSH FOREST

O APPLE PRUNING WORKSHOP AT JENNINGS FOREST

O VIRTUAL FIELD TRIPS AND WOODSHOP WEDNESDAYS

O ASPLUNDH DEMO DAY ON MERRIMACK RIVER FLOODPLAIN/HABITAT WORKSHOP

O LAKE HOSTING AT GRAFTON POND

O FLOODPLAIN RANGERS ON MERRIMACK RIVER OUTDOOR EDUCATION & CONSERVATION AREA

O TRAIL STEWARDS AT MOUNT MAJOR

O ONLINE REMOTE LEARNING EDUCATION AND OUTREACH INITIATIVES DURING COVID-19

-FACEBOOK "LIVE LUNCHTIME LEARNING" SESSIONS

-PRE-RECORDED VIDEO VIRTUAL HIKES TOURS TO FOREST SOCIETY RESERVATIONS

-SPECIAL TOPICS INCLUDED WOODWORKING, VERNAL POOLS, MAPLE SUGARING,

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BIRDS/BIRDING

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

MEMBERSHIP:

THE FOREST SOCIETY CURRENTLY HAS 8,994 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, NEW HAMPSHIRE'S CONSERVATION MAGAZINE. MEMBERS HAD THE OPPORTUNITY TO ATTEND A NUMBER OF FIELD TRIPS AND EVENTS THROUGHOUT THE YEAR. MEMBERS MET AT THE FOREST SOCIETY'S ANNUAL MEETING IN GILFORD NH TO TRANSACT BUSINESS, TO RECOGNIZE THE RETIREMENT OF FOREST SOCIETY PRESIDENT JANE DIFLEY AND WELCOME NEW PRESIDENT JACK SAVAGE.

POLICY: THE FOREST SOCIETY LOBBIES STATE ELECTED OFFICIALS IN CONCORD, NH AND OUR FEDERAL DELEGATION IN WASHINGTON. DURING THE FISCAL YEAR, THERE WERE TWO STAFF MEMBERS 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

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CONSERVATION, ENERGY FACILITY SITING, RENEWABLE ENERGY AND ENERGY EFFICIENCY. FOR EXAMPLE, IN THE 2020 LEGISLATIVE SESSION, WE LOBBIED FOR THE PASSAGE OF LEGISLATION TO INCREASE THE FUNDS AVAILABLE TO THE NH LAND AND COMMUNITY HERITAGE INVESTMENT PROGRAM BY $1.5 MILLION EACH YEAR. WE ALSO LOBBIED IN OPPOSITION TO LEGISLATION WE BELIEVE WOULD HAVE LED TO UNNECESSARY RESTRICTIONS ON CONSERVATION PROJECTS. IN THE 2018 LEGISLATIVE SESSION, WE SUCCESSFULLY LOBBIED FOR USING $5 MILLION FROM THE NH GROUNDWATER AND DRINKING WATER TRUST FOR WATER SUPPLY LAND PROTECTION PROJECTS. BUILDING ON THAT STEP, IN THE 2019 LEGISLATIVE SESSION WE SUCCESSFULLY LOBBIED FOR AN ADDITIONAL $2 MILLION FROM THE NH GROUNDWATER AND DRINKING WATER TRUST TO BE USED FOR WATER SUPPLY LAND PROTECTION PROJECTS

IN ADDITION, WE LOBBY STATE PUBLIC AGENCY OFFICIALS ON ISSUES RELATED TO SPNHF'S MISSION. FOR EXAMPLE, WE CONTINUED TO WORK WITH REPRESENTATIVES OF STATE AGENCIES RELATIVE TO THE ENFORCEMENT OF LAWS REGULATING THE USE OF OFF-HIGHWAY RECREATIONAL VEHICLES IN STATE-OWNED PARKS AND FORESTS. WE HAVE ALSO PARTICIPATED WITH STAKEHOLDERS (INCLUDING STATE AGENCIES) IN THE EARLY STAGES OF A REGIONAL MASTER PLAN FOR RECREATIONAL TRAILS IN COOS COUNTY, NEW HAMPSHIRE'S NORTHERN MOST COUNTY. BECAUSE COOS COUNTY IS ALSO HOME TO A LARGE NETWORK OF OHRV TRAILS THAT HAVE BEEN ESTABLISHED WITH LITTLE OR NO PLANNING, WE WORKED IN PARTNERSHIP WITH REPRESENTATIVES FROM THE OHRV SECTOR IN SUPPORTING LEGISLATION DESIGNED TO DEVELOP A MASTER PLAN FOR OHRV ACTIVITIES BOTH IN COOS COUNTY AND STATEWIDE.

FINALLY, WE WORK DIRECTLY WITH OUR FEDERAL CONGRESSIONAL DELEGATION ON FEDERAL LEGISLATION THAT IMPACTS SPNHF'S MISSION. FOR EXAMPLE, OVER

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THE PAST YEAR POLICY STAFF HAVE SUPPORTED THE NH CONGRESSIONAL DELEGATION'S EFFORTS, WHICH RESULTED IN THE PERMANENT AUTHORIZATION TO FULLY FUND THE FEDERAL LAND AND WATER CONSERVATION FUND AT ITS FULLY AUTHORIZED LEVEL OF $900 MILLION. WE ALSO HAVE WORKED WITH THE CONGRESSIONAL DELEGATION ON LEGISLATION THAT WILL FULLY FUND THE LWCF AT $900 MILLION A YEAR TO SECURE A LONG-TERM AUTHORIZATION FOR THE LAND AND WATER CONSERVATION FUND AND TO INCREASE FUNDING LEVELS FOR THIS PROGRAM. WE HAVE 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 $ 474,881. INCLUDING GRANTS OF $ 0. REVENUE $ 9,655.

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

THE FOREST SOCIETY IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT CURRENTLY HAS 8,994 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.

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FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY OUR TRUSTEES ARE ASKED TO SIGN A FORM ABOUT ANY POTENTIAL CONFLICTS. IN ADDITION TO FILLING OUT THE FORM, THE PROCESS REMINDS TRUSTEES ABOUT OUR POLICY. WHEN POTENTIAL TRUSTEES ARE ASKED TO CONSIDER JOINING THE BOARD, THEY ARE GIVEN THE "ROLES AND RESPONSIBILITIES" DOCUMENT WHICH OUTLINES OTHER RESPONSIBILITIES OF THE INDIVIDUAL TRUSTEE AND THE BOARD AS A WHOLE, INCLUDING CONFLICT OF INTEREST. IT ALSO INSTRUCTS BOARD MEMBERS TO READ AND BE CONVERSANT WITH THE NH ATTORNEY GENERAL'S OFFICE GUIDEBOOK FOR NH CHARITABLE NON-PROFIT ORGANIZATIONS. AT THE START OF EVERY BOARD AND COMMITTEE MEETING THERE IS A REMINDER THAT CONFLICTS OF INTEREST MUST BE DISCLOSED AND BOARD/COMMITTEE MEMBERS ARE ASKED IF THEY HAVE ANY CONFLICTS TO REPORT.

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

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

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

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

FORM 990, PART VII, SECTION A:

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

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JANE A. DIFLEY WAS PRESIDENT OF THE FOREST SOCIETY AND RETIRED ON SEPTEMBER 30, 2019. AFTER A COMPREHENSIVE NATIONWIDE SEARCH, THE BOARD OF TRUSTEES SELECTED JACK SAVAGE AS THE ORGANIZATION'S FIFTH PRESIDENT EFFECTIVE OCTOBER 1, 2019. MR. SAVAGE HAD SERVED AS THE FOREST SOCIETY'S VICE PRESIDENT OF COMMUNICATIONS/OUTREACH SINCE 2005.

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

SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	12,544.
MANAGEMENT AND GENERAL EXPENSES	1,959.
FUNDRAISING EXPENSES	107.
TOTAL EXPENSES	14,610.

BANK FEES:

PROGRAM SERVICE EXPENSES	1,548.
MANAGEMENT AND GENERAL EXPENSES	99.
FUNDRAISING EXPENSES	11,811.
TOTAL EXPENSES	13,458.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	9,411.
MANAGEMENT AND GENERAL EXPENSES	2,253.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,664.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	39,732.

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

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

CHANGE IN PRESENT VALUE OF ANNUITIES	-34,878.
NON-OPERATING BUILDING RENOVATIONS - CREEK FARM	-238,774.
TOTAL TO FORM 990, PART XI, LINE 9	-273,652.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEARS.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

April 30, 2020

Prepared for	Society for the Protection of New Hampshire Forests 54 Portsmouth Street Concord, NH 03301
Prepared by	Nathan Wechsler & Company, P.A. 70 Commercial Street, 4th Floor Concord, NH 03301
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	March 15, 2021
Special Instructions	The return should be signed and dated.

EXTENDED TO MARCH 15, 2021

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning MAY 1, 2019, and ending APR 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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2019

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section [X] 501(c)(3) [ ] 408(e) [ ] 220(e) [ ] 408A [ ] 530(a) [ ] 529(a)

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Number, street, and room or suite no. If a P.O. box, see instructions.
54 PORTSMOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code
CONCORD, NH 03301

D Employer identification number (Employees' trust, see instructions.)
-*2237

E Unrelated business activity code (See instructions.)
110000

C Book value of all assets at end of year 88,800,388.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ TONY CHEEK Telephone number ▶ (603)224-9945

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 291,374. b Less returns and allowances c Balance ▶	1c	291,374.		
2	Cost of goods sold (Schedule A, line 7)	2	207,023.		
3	Gross profit. Subtract line 2 from line 1c	3	84,351.		84,351.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	84,351.		84,351.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	73,072.
16	Repairs and maintenance	16	27,737.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	384.
20	Depreciation (attach Form 4562) 20 3,826.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	3,826.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	13,992.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 2	27	39,086.
28	**Total deductions.** Add lines 14 through 27	28	158,097.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-73,746.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 3	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-73,746.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-73,746.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-73,746.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-73,746.
38	Specific deduction (Generally $1,000, but see line 38 instructions for exceptions)	38	1,000.
39	**Unrelated business taxable income.** Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-73,746.

Part IV Tax Computation

40	**Organizations Taxable as Corporations.** Multiply line 39 by 21% (0.21) ▶	40	0.
41	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 39 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	41	
42	**Proxy tax.** See instructions ▶	42	
43	Alternative minimum tax (trusts only)	43	
44	**Tax on Noncompliant Facility Income.** See instructions	44	
45	**Total.** Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
b	Other credits (see instructions)	46b			
c	General business credit. Attach Form 3800	46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e	**Total credits.** Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45			47	0.
48	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			48	
49	**Total tax.** Add lines 47 and 48 (see instructions)			49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payments: A 2018 overpayment credited to 2019	51a			
b	2019 estimated tax payments	51b			
c	Tax deposited with Form 8868	51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d			
e	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	51g			
52	**Total payments.** Add lines 51a through 51g			52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			53	
54	**Tax due.** If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ▶			54	
55	**Overpayment.** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶			55	
56	Enter the amount of line 55 you want: **Credited to 2020 estimated tax** ▶ **Refunded** ▶			56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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

▶ Signature of officer | Date ▶ PRESIDENT Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ORESTE J. MOSCA, CPA	ORESTE J. MOSCA, CPA	10/13/20		P00366101
Firm's name ▶ NATHAN WECHSLER & COMPANY, P.A.			Firm's EIN ▶	**-***7524
Firm's address ▶ 70 COMMERCIAL STREET, 4TH FLOOR CONCORD, NH 03301			Phone no.	603-224-5357

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ NET REALIZABLE VALUE

1 Inventory at beginning of year	1	289,691.	6 Inventory at end of year	6	158,230.
2 Purchases	2	75,562.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	207,023.
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				X
5 Total. Add lines 1 through 4b	5	365,253.			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total	0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Form 990-T (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals		▶	0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

GROWING AND SELLING CHRISTMAS TREES AND OPERATION OF A GIFT SHOP.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
OFFICE SUPPLIES AND POSTAGE	582.
OCCUPANCY	10,318.
TRAVEL	1,731.
VEHICLE MAINTENANCE	3,341.
CONFERENCES AND MEETINGS	716.
DUES AND SUBSCRIPTIONS	425.
PRINTING AND ADVERTISING	5,278.
PROFESSIONAL FEES	14,335.
OTHER EXPENSES	2,360.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	39,086.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
04/30/19	142,191.	0.	142,191.	142,191.
NOL CARRYOVER AVAILABLE THIS YEAR			142,191.	142,191.

NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
70 COMMERCIAL STREET, 4TH FLOOR
CONCORD, NEW HAMPSHIRE
(603) 224-5357

INSTRUCTIONS FOR FILING
ANNUAL REPORT OF CHARITABLE ORGANIZATION

Society for the Protection of New Hampshire Forests

YEAR ENDING

April 30, 2020

TO BE SIGNED AND DATED BY:	An officer (signature must be notarized)
AMOUNT DUE:	$0 *($75.00 previously paid with extension)*
DRAW CHECK TO:	N/A
MAIL REPORT TO:	Office of the Attorney General Charitable Trusts Unit 33 Capitol Street Concord, New Hampshire 03301-6397
THE DEPARTMENT OF JUSTICE MUST RECEIVE FORM BY:	March 15, 2021
SPECIAL INSTRUCTIONS:	The State requires you to attach a copy of the financial statements. We have attached a copy for you. Please do not remove it. The State requires you to attach a copy of Federal Form 990. We have attached a copy for you. Please do not remove it.

Office of the New Hampshire Attorney General - Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

ANNUAL REPORT CERTIFICATE

DON'T FORGET TO ATTACH:

■ NH APPENDIX (conflicts of interest) ☐ FILING FEE ($75) ■ DIRECTOR LIST (name, street address, telephone)

One of the following: ☐ NHCT-2A ■ IRS Form 990 ☐ 990-EZ or ☐ 990-PF

Are your revenues over **$500,000?** If **yes**, include GAAP financial statement plus 990 (not for 990-PFs)
Are your revenues over **$1,000,000?** If **yes,** include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: $75.00 Make check payable to: State of New Hampshire

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Society for the Protection of New Hampshire Forests
Organization Name

4/30/2020
Fiscal Year End

Jack Savage
In Care of

64922
NH Registration #

Address	City	State	Zip
54 Portsmouth Street	Concord	NH	03301

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

______________________________ **Signature** of PRESIDENT, TREASURER OR TRUSTEE

______________________________ Date

______________________________ **(Print or Type)** Name of Officer/Trustee

______________________________ Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF
COUNTY OF

Signed and sworn to (or affirmed) before me on the ____ day of ____________, 20____ by the above-named officer or trustee.

My Commission Expires:
[Seal]

______________________________ Notary Public

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: Society for the Protection of New Hampshire Forests

1. Is there currently a conflict of interest policy in effect? Yes X No_____
   A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): ____________________

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a) Yes_____ No x

If Yes, complete the following:

A. Was any real estate transaction involved? Yes_____ No_____

B. Was a loan made to any director, officer or trustee? Yes_____ No_____

C. Was a pecuniary benefit paid in excess of $500? Yes_____ No_____
   If Yes, attach copy of Meeting Minutes.

D. Was a pecuniary benefit paid in excess of $5,000? Yes_____ No_____
   If Yes, attach a copy of each of the following:
   * Public Notice made pursuant to RSA 7:19-a, II (d)
   * Meeting Minutes
   * Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient:____________________ Nature & Amount of Benefit:____________________

Name of Recipient:____________________ Nature & Amount of Benefit:____________________

NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

Amended 3/15/2013

CERTIFICATION REQUIRED BY CHARITABLE ORGANIZATIONS THAT ISSUE CHARITABLE GIFT ANNUITIES

(Must be signed by an officer or director)

If you are a charitable organization that issues charitable gift annuities pursuant to RSA Ch. 403-E, and **you have not previously filed a notification** with the Director of Charitable Trusts, please complete the following:

1. I am the ______________________ (title) of the ______________________________

______________________________________ (name of organization).

2. I certify that this organization is a charitable organization, and that the annuities issued by the organization are limited to qualified charitable gift annuities as defined in RSA 403-E:1, V.

Date: _____________________ ______________________________________

(Print name): ______________________________

- -

If you are a charitable organization that issues charitable gift annuities pursuant to RSA Ch. 403-E, and **you have filed an initial notification** with the Director of Charitable Trusts, you must recertify pursuant to RSA 403-E:3, II(b) by completing the following:

1. I am the President (title) of the Society for the Protection of New Hampshire Forests (name of organization).

2. I certify that the annuities issued by this organization shall be limited to qualified charitable gift annuities as defined in RSA 403-E:1, V.

Date: _____________________ ______________________________________

(Print name): ______________________________

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS
BOARD OF TRUSTEES ⌘ ⌘ ⌘ 2019 – 2020

2019 TAX RETURN FILING INSTRUCTIONS

NH BUSINESS ENTERPRISE/PROFITS TAX

FOR THE YEAR ENDING

April 30, 2020

Prepared for	Society for the Protection of New Hampshire Forests 54 Portsmouth Street Concord, NH 03301
Prepared by	Nathan Wechsler & Company, P.A. 70 Commercial Street, 4th Floor Concord, NH 03301
To be signed and dated by	The appropriate corporate officer(s).
Amount of tax	Total tax $ 438.00 Less: payments and credits $ 438.00 Plus: other amount $ 0.00 Plus: interest and penalties $ 0.00 No pmt required $
Overpayment	Credited to your estimated tax $ 0.00 Other amount $ 0.00 Refunded to you $ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	NH DRA PO Box 637 Concord, NH 03302-0637
Return must be mailed on or before	March 15, 2021
Special Instructions	

DO NOT STAPLE

New Hampshire
Department of
Revenue Administration

2019
BT-SUMMARY

0BTSUM1911019

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year **2019** or other taxable period beginning: MMDDYYYY 05012019 and ending: MMDDYYYY 04302020

Check box if there has been a name change since last filing. List former name.

Proprietor's Last Name

First Name MI Social Security Number

Spouse's Last Name (If property jointly owned)

First Name MI Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN if you have a DIN

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

SOCIETY FOR THE PROTECTION OF NEW

Taxpayer Identification Number: *********

Principal Business Activity Code (Federal): 115310

Number & Street Address

54 PORTSMOUTH STREET

Address (continued)

City / Town: CONCORD

State: NH

ZIP Code + 4 (or Canadian Postal Code): 03301

STEP 2 - Return Type and Federal Information

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary.

Are you required to file a BET Return (Gross Business Receipts over $217,000, or Enterprise Value Tax Base over $108,000)? X Yes No

Are you required to file a BPT Return (Gross Business Income over $50,000)? Yes X No

Do you file a Form 990/990T? X Yes No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b on Schedule B of Federal Form 1065? Yes X No

2 - CORPORATION 3 - PARTNERSHIP 1 - PROPRIETORSHIP AMENDED RETURN

OR LLC

2 - COMBINED GROUP X 5 - NON-PROFIT 4 - FIDUCIARY FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) for any federal income tax return, which adjustment(s) has not been previously reported to New Hampshire. **Do not use this form to report an IRS adjustment.**

Enter Years Covered by IRS (MMYYYYMMYYYY)

Check Appropriate Box(es):

Payment Required Refund Request Credit Next Year's Tax Liability X No Payment Required

Do not use this form to report an IRS adjustment. See Step 2 instructions.

BUSINESS TAX RETURN SUMMARY - Continued

STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)

STEP 4 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1 (a) Business Enterprise Tax Net of Statutory Credits	1(a)	438	
(b) Business Profits Tax Net of Statutory Credits	1(b)	0	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))		1(c)	438
2 PAYMENTS			
(a) Tax paid with application for extension	2(a)	51	
(b) Total of taxable period's estimated tax payments	2(b)	384	
(c) Credit carryover from prior tax period	2(c)	3	
(d) Tax paid with original return (Amended returns only)	2(d)		
(e) Total of lines 2(a) through 2(d)		2(e)	438
3 TAX DUE: (Line 1(c) minus Line 2(e))		3	0
4 ADDITIONS TO TAX			
(a) Interest (See instructions)	4(a)		
(b) Failure to Pay (See instructions)	4(b)		
(c) Failure to File (See instructions)	4(c)		
(d) Underpayment of Estimated Tax (See instructions)	4(d)		
(e) Total of Lines 4(a) through 4(d)		4(e)	
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))		5(a)	
(b) Return Payment Made Electronically	5(b)		
(c) **BALANCE DUE:** Line 5(a) minus 5(b). Make your payment on-line at www.revenue.nh.gov or make check payable to: **STATE OF NEW HAMPSHIRE**	**PAY THIS AMOUNT**	5(c)	0
6 **OVERPAYMENT:** If balance due is less than zero, enter on Line 6	6		
7 Apply overpayment amount on Line 6 to:			
(a) Credit - Next Year's Tax Liability	**DO NOT PAY**	7(a)	
(b) Refund	**DO NOT PAY**	7(b)	

STEP 5

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES

New Hampshire
Department of
Revenue Administration

2019
BT-SUMMARY

0BTSUM1931019

BUSINESS TAX RETURN SUMMARY - Continued

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

X POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink) MMDDYYYY

Signature (in ink) MMDDYYYY

Print Signatory Name & Title

PRESIDENT

Email Address

Phone Number

6032249945

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

ORESTE J. MOSCA, CPA

MMDDYYYY

10072020

Printed Name of Preparer

ORESTE J MOSCA CPA

Email Address

Phone Number

6032245357

Preparer Identification Number

****

Preparer's Address

70 COMMERCIAL STREET 4TH FLOOR

Address (continued)

City / Town

CONCORD

State

NH

ZIP Code + 4 (or Canadian Postal Code)

03301

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE

New Hampshire
Department of
Revenue Administration

2019
BET

000BET1911019

BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Taxpayer Identification Number

****

For the CALENDAR year **2019** or other taxable period beginning: MMDDYYYY 05012019 and ending: MMDDYYYY 04302020

You are required to file this return if the gross business receipts were greater than **$217,000** or the enterprise value tax base is greater than **$108,000.**

Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization		291374
1. Dividends Paid	1	0
2. Compensation and Wages Paid or Accrued	2	73072
3. Interest Paid or Accrued	3	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	73072
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .006) before credits	5	438
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a) **TAX DUE**	7	438

BET CREDIT WORKSHEET

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms. 1
2. Sum the amounts from Lines 3 through 8, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.

Use carry forward amounts in the following order for this taxable period	A Available Credits	B Credit Applied to BPT	C Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	438		438
4. Carry over BET from fifth prior taxable period	603		603
5. Carry over BET from fourth prior taxable period	589		589
6. Carry over BET from third prior taxable period	589		589
7. Carry over BET from second prior taxable period	609		609
8. Carry over BET from first prior taxable period	577		577

New Hampshire
Department of
Revenue Administration

2019 DP-2210/2220

DP22101911019

EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX

Taxpayer Name

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Taxpayer Identification Number

****

For the CALENDAR year **2019** or other taxable period beginning: MMDDYYYY 05012019 and ending: MMDDYYYY 04302020

Check One: X Business Tax Return(s) Interest & Dividends Tax Return Other

PART I - CALCULATE YOUR UNDERPAYMENT

Round to the nearest whole dollar

1	Current year tax			$	438
2	90% of Line 1 (Line 1 x .90)			$	394

		A	B	C	D
3(a)	Enter in Columns A through D the installment dates that correspond to the 15th of the 4th, 6th, 9th, and 12th months of your tax period or specify statutory due dates. (I&D filers see instructions)	08152019	10152019	01152020	04152020
3(b)	Applicable percentages	25%	25%	25%	25%
3(c)	Enter Line 2 multiplied by Line 3(b) for Columns A through D	98	99	98	99
4	Amount paid timely or credited for each period	387			
5	Overpayment of previous installment calculated on Line 7		289	190	92
6	Total (Line 4 plus Line 5)	387	289	190	92
7	Overpayment (Line 6 minus Line 3(c)). Enter in Line 5 of next column	289	190	92	
8	Underpayment (Line 3(c) minus Line 6)				7

PART II - EXCEPTIONS TO PENALTY - See Instructions

		A	B	C	D
9	Cumulative amount paid or credited from the beginning of the tax year through the installment dates (see instructions)				387
10	Applicable percentages	25%	50%	75%	100%
11	Exception, prior period's tax (prior year must be 12 full months) (RSA 21-J:32,IV(a))				577
12	Applicable percentages	25%	50%	75%	100%
13	Exception, prior period's tax base and facts using current years tax rate (RSA 21-J:32,IV(b))				
14	Applicable percentages	22.5%	45%	67.5%	90%
15	Exception, tax on annualized income (RSA 21-J:32,IV(c)) (Attach schedule)				

New Hampshire
Department of
Revenue Administration

2019 DP-2210/2220

DP22101921019

EXCEPTIONS AND PENALTY FOR THE UNDERPAYMENT OF ESTIMATED TAX - Continued

Taxpayer Name

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Taxpayer Identification Number

****

For the CALENDAR year **2019** or other taxable period beginning: MMDDYYYY 05012019 and ending: MMDDYYYY 04302020

PART III - CALCULATE THE PENALTY

		A	B	C	D
16	Amount of underpayment from Part I, Line 8				
17	Enter the date of payment or statutory due date of tax, whichever is earlier				
18	Enter the number of days from installment date (Line 3(a)) to date shown on Line 17				
19	Interest due through 12/31/19 at 7%: (see instructions) $\frac{\text{Number of Days} \times 7\%}{365} \times$ Underpayment amount (Line 16)				
20	Interest due after 12/31/19 at 7%: (see instructions) $\frac{\text{Number of Days} \times 7\%}{366} \times$ Underpayment amount (Line 16)				
21	Penalty for Underpayment of Estimated Tax (Line 19 plus Line 20)				
22	Total Penalty for Underpayment of Estimated Tax (Total of Columns A through D, Line 21).				

Note: For interest rate in other years see instructions

2020 ESTIMATED TAX FILING INSTRUCTIONS

NH BUSINESS PROFITS TAX FORM NH-1120-ES

FOR THE YEAR ENDING

April 30, 2021

Prepared for	Society for the Protection of New Hampshire Forests 54 Portsmouth Street Concord, NH 03301
Prepared by	Nathan Wechsler & Company, P.A. 70 Commercial Street, 4th Floor Concord, NH 03301
Amount of tax	Total Estimated Tax $ 440 Less credit from prior year $ 0 Less amount already paid on 2020 estimate $ 0 Balance due $ 440 Payable in full or in installments as follows: Installment / Amount / Due Date No. 1 $ 110 August 17, 2020 No. 2 $ 110 October 15, 2020 No. 3 $ 110 January 15, 2021 No. 4 $ 110 April 15, 2021
Make check payable to	State of New Hampshire
Mail voucher and check (if applicable) to	NH DRA PO Box 1265 Concord, NH 03302-1265
Special Instructions	

New Hampshire
Department of
Revenue Administration

2020
NH-1120-ES

ESTIMATED CORPORATE BUSINESS TAX Payment Form 1

For the CALENDAR year **2020** or other taxable period:

MMDDYYYY 05012020 to MMDDYYYY 04302021

Taxpayer Identification Number
****

If issued a DIN, use DIN in ID box.
DO NOT use FEIN

TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT:
www.revenue.nh.gov

Name of Corporation/Limited Liability Company

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Number & Street Address

54 PORTSMOUTH STREET

Address (continued)

City / Town	State	ZIP Code + 4 (or Canadian Postal Code)
CONCORD	NH	03301

1120ES2011019

Enclose, but do not staple or tape your payment to this estimate.
Do not file a $0 estimate.

¼ BET	1	110
¼ BPT	2	
Amount of Payment	3	110

NH-1120-ES 2020
Version 1.3 03/2020

MAIL TO: NH DRA, PO BOX 1265 CONCORD, NH 03302-1265

Make Check Payable to: **STATE OF NEW HAMPSHIRE**

Cut along this line to submit Estimated Corporate Business Tax. Keep the Estimated Tax Worksheet for your records

New Hampshire
Department of
Revenue Administration

2020
NH-1120-ES

ESTIMATED CORPORATE BUSINESS TAX Payment Form 2

For the CALENDAR year **2020** or other taxable period:
MMDDYYYY MMDDYYYY

05012020 to 04302021

Taxpayer Identification Number

****

If issued a DIN, use DIN in ID box.
DO NOT use FEIN

TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT:
www.revenue.nh.gov

Name of Corporation/Limited Liability Company

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Number & Street Address

54 PORTSMOUTH STREET

Address (continued)

City / Town

CONCORD

State

NH

ZIP Code + 4 (or Canadian Postal Code)

03301

1120ES2011019

Enclose, but do not staple or tape your payment to this estimate.
Do not file a $0 estimate.

¼ BET	1	110
¼ BPT	2	
Amount of Payment	3	110

NH-1120-ES 2020
Version 1.3 03/2020

MAIL TO: NH DRA, PO BOX 1265 CONCORD, NH 03302-1265

Make Check Payable to: **STATE OF NEW HAMPSHIRE**

Cut along this line to submit Estimated Corporate Business Tax. Keep the Estimated Tax Worksheet for your records

965423 04-01-20

New Hampshire
Department of
Revenue Administration

2020
NH-1120-ES

ESTIMATED CORPORATE BUSINESS TAX Payment Form 3

For the CALENDAR year **2020** or other taxable period:
MMDDYYYY MMDDYYYY

05012020 to 04302021

Taxpayer Identification Number

****

If issued a DIN, use DIN in ID box.
DO NOT use FEIN

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www.revenue.nh.gov

Name of Corporation/Limited Liability Company

SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Number & Street Address

54 PORTSMOUTH STREET

Address (continued)

City / Town

CONCORD

State

NH

ZIP Code + 4 (or Canadian Postal Code)

03301

1120ES2011019

Enclose, but do not staple or tape your payment to this estimate.
Do not file a $0 estimate.

¼ BET	1	110
¼ BPT	2	
Amount of Payment	3	110

NH-1120-ES 2020
Version 1.3 03/2020

MAIL TO: NH DRA, PO BOX 1265 CONCORD, NH 03302-1265

Make Check Payable to: **STATE OF NEW HAMPSHIRE**

Cut along this line to submit Estimated Corporate Business Tax. Keep the Estimated Tax Worksheet for your records

965424 04-01-20

New Hampshire
Department of
Revenue Administration

2020
NH-1120-ES

ESTIMATED CORPORATE
BUSINESS TAX Payment Form 4

For the CALENDAR year **2020** or other taxable period:
MMDDYYYY MMDDYYYY
05012020 to 04302021

Taxpayer Identification Number
****

If issued a DIN, use DIN in ID box.
DO NOT use FEIN

TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT:
www.revenue.nh.gov

Name of Corporation/Limited Liability Company
SOCIETY FOR THE PROTECTION OF NEW HAMPSHIRE FORESTS

Number & Street Address
54 PORTSMOUTH STREET

Address (continued)

City / Town
CONCORD

State
NH

ZIP Code + 4 (or Canadian Postal Code)
03301

1120ES2011019

Enclose, but do not staple or tape your payment to this estimate.
Do not file a $0 estimate.

¼ BET	1	110
¼ BPT	2	
Amount of Payment	3	110

NH-1120-ES 2020
Version 1.3 03/2020

MAIL TO: NH DRA, PO BOX 1265 CONCORD, NH 03302-1265

Make Check Payable to: **STATE OF NEW HAMPSHIRE**

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965425 04-01-20