

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year period beginning **APR 1, 2001** and ending **MAR 31, 2002**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AUDUBON SOCIETY OF NEW HAMPSHIRE

Number and street (or P O box if mail is not delivered to street address) Room/suite
3 SILK FARM ROAD

City or town, state or country and ZIP + 4
CONCORD, NH 03301

D Employer identification number
02-6005322

E Telephone number
603-224-9909

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No

G Web site **WWW.NHAUDUBON.ORG**

H(b) If "Yes," enter number of affiliates _____

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

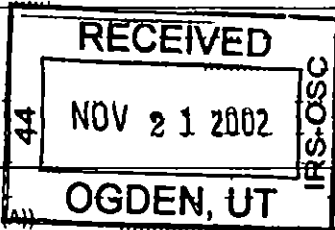
I Enter 4-digit GEN _____

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,193,310.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	2,213,323.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	731,058.		
d	Total (add lines 1a through 1c) (cash \$ <u>2,944,381.</u> noncash \$ _____)	1d	2,944,381.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	534,926.		
3	Membership dues and assessments	3	315,829.		
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	152,222.		
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe LOSS ON INVESTMENTS)	7	-306,410.		
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a	508,484.		
b	Less cost of goods sold	10b	328,761.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	179,723.		
11	Other revenue (from Part VII, line 103)	11	43,878.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,864,549.		
13	Program services (from line 44, column (B))	13	2,455,591.		
14	Management and general (from line 44, column (C))	14	1,059,433.		
15	Fundraising (from line 44, column (D))	15	33,597.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	3,548,621.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	315,928.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	15,461,052.		
20	Other changes in net assets or fund balances (attach explanation)	20	-172,984.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	15,603,996.		



SCANNED DEC 13 '02

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors etc	25 224,500.	0.	224,500.	0.	
26 Other salaries and wages	26 1,484,521.	1,191,039.	293,482.		
27 Pension plan contributions	27				
28 Other employee benefits	28 375,317.	262,722.	112,595.		
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33 28,279.	17,413.	5,251.	5,615.	
34 Telephone	34 48,148.	27,828.	20,320.		
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37 15,326.	8,561.	4,861.	1,904.	
38 Printing and publications	38 184,868.	78,250.	104,670.	1,948.	
39 Travel	39 72,089.	62,629.	9,092.	368.	
40 Conferences, conventions, and meetings	40 8,353.	1,421.	6,402.	530.	
41 Interest	41 80,080.	78,176.	1,831.	73.	
42 Depreciation, depletion, etc (attach schedule)	42 83,343.	56,923.	26,420.		
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e	943,797.	670,629.	250,009.	23,159.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	3,548,621.	2,455,591.	1,059,433.	33,597.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)
CONSERVATION, EDUCATION AND RESEARCH	
a PRESERVATION, PROTECTION AND BREEDING OF THE COMMON LOON; CONSERVATION NATURE AND ENVIRONMENTAL EDUCATION PROGRAMS; WILDLIFE RESEARCH AND CONSERVATION.	
(Grants and allocations \$ _____)	2,455,591.
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44 column (B), Program services)	2,455,591.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	66,771.	45	462,768.
	46 Savings and temporary cash investments	1,077,778.	46	416,862.
	47 a Accounts receivable	47a 166,359.		
	b Less allowance for doubtful accounts	47b 15,000.	47c	151,359.
	48 a Pledges receivable	48a 211,395.		
	b Less allowance for doubtful accounts	48b	48c	211,395.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a 1,034,000.		
	b Less allowance for doubtful accounts	51b	51c	1,034,000.
	52 Inventories for sale or use		52	91,829.
	53 Prepaid expenses and deferred charges		53	22,219.
	54 Investments - securities STMT 4 STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	5,177,028.
	55 a Investments - land, buildings, and equipment basis	55a 7,954,421.		
	b Less accumulated depreciation	55b 814,650.	55c	7,139,771.
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets (describe SPLIT-INTEREST AGREEMENTS)		58	2,772,047.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59	17,479,278.	
Liabilities	60 Accounts payable and accrued expenses	239,159.	60	236,183.
	61 Grants payable		61	
	62 Deferred revenue	337,872.	62	340,160.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 6	1,108,418.	64b	1,069,376.
	65 Other liabilities (describe SEE STATEMENT 7)	137,092.	65	229,563.
66 Total liabilities (add lines 60 through 65)	1,822,541.	66	1,875,282.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	3,195,715.	67	3,256,994.
	68 Temporarily restricted	5,280,981.	68	5,606,304.
	69 Permanently restricted	6,984,356.	69	6,740,698.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	15,461,052.	73	15,603,996.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	17,283,593.	74	17,479,278.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and reporting.

91 The books are in care of THE ORGANIZATION Telephone no 603-224-9909
Located at 3 SILK FARM ROAD, CONCORD, NH ZIP+4 03301

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONSERVATION AND					
b ENVIRONMENT PROGRAMS					534,926.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					315,829.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	152,222.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	-306,410.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					179,723.
103 Other revenue					
a MISCELLANEOUS INCOME					43,878.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		-154,188.	1,074,356.
105 Total (add line 104, columns (B), (D), and (E))					920,168.

Note Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

I am preparing this return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete, and the information of which preparer has any knowledge.

1/15/02 RICHARD W MOORIE, PRESIDENT

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization **AUDUBON SOCIETY OF NEW HAMPSHIRE** Employer identification number **02 6005322**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MONEY MATTERS 545 LAFAYETTE RD., PORTSMOUTH, NH 03801	ACCOUNTING & BOOKKEEPING	64,973.
LEONI, MCDONNELL & ROBERTS 210 RUMFORD STREET CONCORD, NH 03301	PROFESSIONAL FEES	50,985.
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ <u>4,594.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) VI-B, LINE I	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,558,893.	2,921,696.	1,139,452.	2,531,493.	10,151,534.
16 Membership fees received	340,956.	329,028.	464,198.	436,719.	1,570,901.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	508,003.	532,402.	412,357.	442,068.	1,894,830.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	168,983.	158,036.	47,908.	82,764.	457,691.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	4,576,835.	3,941,162.	2,063,915.	3,493,044.	14,074,956.
24 Line 23 minus line 17	4,068,832.	3,408,760.	1,651,558.	3,050,976.	12,180,126.
25 Enter 1% of line 23	45,768.	39,412.	20,639.	34,930.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	243,603.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	12,180,126.
d Add: Amounts from column (e) for lines 18 <u>457,691.</u> 19 _____ 22 _____ 26b _____		26d	457,691.
e Public support (line 26c minus line 26d total)		26e	11,722,435.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	96.2423%

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 _____ 17 _____ 20 _____ 21 _____		27c	N/A		
d Add: Line 27a total _____ and line 27b total _____		27d	N/A		
e Public support (line 27c total minus line 27d total)		27e	N/A		
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):	27f	N/A			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %			

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

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 instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies demonstrations, seminars, conventions, speeches lectures or any other means	X		4,594.
i Total lobbying expenditures (Add lines c through h)			4,594.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

AUDUBON SOCIETY OF NEW HAMPSHIRE

Employer identification number

02-6005322

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

AUDUBON SOCIETY OF NEW HAMPSHIRE

02-6005322

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Sheet1

AUDUBON SOCIETY OF NEW HAMPSHIRE
02-6005322
Schedule B Attachment\$5000.00 + Donors fy 01-02

<u>Constituent Name</u>	<u># Gifts</u>	<u>Total Amount</u>
	2	200,000.00
	1	100,000 00
	1	100,000 00
	2	92,651.50
	4	75,689 95
	2	75,000 00
	5	61,000 00
	15	42,195 88
	4	36,314 00
	2	32,500 00
	2	28,048.00

Sheet1

AUDUBON SOCIETY OF NEW HAMPSHIRE
02-6005322

Schedule B Attachment

2 20,400 00

2 20,000 00

2 20,000 00

1 16,100 00

1 15,000 00

1 15,000 00

1 14,875 00

1 12,350 00

5 11,400 00

2 10,500 00

3 10,499 50

4 10,273 75

Sheet1 AUDUBON SOCIETY OF NEW HAMPSHIRE
02-6005322
Schedule B Attachment

3	10,117 68
1	10,000 00
4	10,000 00
1	10,000 00
2	10,000.00
1	10,000 00
1	10,000 00
4	8,926 50
7	8,314 00
5	8,312.40
4	7,150.00
2	6,600 00

Sheet1 AUDUBON SOCIETY OF NEW HAMPSHIRE
02-6005322
Schedule B Attachment

6	6,358 40
1	6,278.33
4	6,000 00
4	5,609.00
2	5,249 54
3	5,233 36
2	5,100 00
2	5,100.00
3	5,100 00
3	5,021 12
2	5,014 00
1	5,000 00

Sheet1

AUDUBON SOCIETY OF NEW HAMPSHIRE
02-6005322
Schedule B Attachment

1 5,000.00

1 5,000 00

1 5,000 00

1 5,000 00

1 5,000.00

2 5,000 00

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION			AMOUNT
UNREALIZED LOSSES			-172,984.
TOTAL TO FORM 990, PART I, LINE 20			-172,984.

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROGRAM EXPENSE	257,833.	256,216.	1,396.	221.	
CHARTER SUPPORT	11,318.	220.	11,098.		
ADVERTISING	39,694.	31,452.	7,634.	608.	
OUTSIDE SERVICES	172,978.	149,445.	2,705.	20,828.	
DUES & SUBSCRIPTIONS	4,791.	2,646.	2,145.		
REPAIRS & MAINTENANCE	45,922.	39,826.	6,096.		
UTILITIES	26,261.	26,229.	32.		
TRANSPORTATION	22,680.	22,690.	-10.		
INSURANCE	17,429.	1,132.	14,885.	1,412.	
PROGRAM SUPPLIES	35,147.	33,238.	1,909.		
PROPERTY TAXES	6,131.	5,389.	742.		
MISCELLANEOUS	28,662.	20,811.	7,851.		
RENT	12,328.	11,955.	373.		
MEMBERSHIP & DEVELOPMENT	23,147.		23,147.		
MISCELLANEOUS FUNDRAISING	90.			90.	
PROFESSIONAL FEES	221,901.	69,380.	152,521.		
PROVISION FOR UNCOLLECTIBLE PLEDGES	17,485.		17,485.		
TOTAL TO FM 990, LN 43	943,797.	670,629.	250,009.	23,159.	

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	4
----------	---------------------------	-----------	---

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	4,161,155.				4,161,155.
OTHER INVESTMENTS				12,965.	12,965.
TOTAL TO FORM 990, LN 54 COL B	4,161,155.			12,965.	4,174,120.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	5
----------	-----------------------	-----------	---

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	1,002,908.		1,002,908.
TOTAL TO FORM 990, LINE 54, COL B	1,002,908.		1,002,908.

FORM 990	MORTGAGES PAYABLE	STATEMENT	6
----------	-------------------	-----------	---

DESCRIPTION	BALANCE DUE
DAHL MORTGAGE	652,617.
BANK OF NEW HAMPSHIRE	416,759.
BANK OF NEW HAMPSHIRE	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,069,376.

FORM 990	OTHER LIABILITIES	STATEMENT	7
----------	-------------------	-----------	---

DESCRIPTION	AMOUNT
GIFT ANNUITY PAYABLE	214,677.
OTHER CURRENT LIABILITIES	14,886.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	229,563.

FORM 990 . PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 8
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS BURACK FOR ALL BOARD: C/O AUDUBON SOCIETY OF NH 3 SILK FARM RD, CONCORD, NH 03301	TRUSTEE 1	0.	0.	0.
SYLVIA BATES	VICE CHAIR 2	0.	0.	0.
KIRK LEONI	TRUSTEE 1	0.	0.	0.
LAWRENCE SUNDERLAND	SECRETARY 1	0.	0.	0.
LIZ ANDERSON	TRUSTEE 1	0.	0.	0.
HANK CHARY	TRUSTEE 1	0.	0.	0.
HAL CLOSE	TRUSTEE 1	0.	0.	0.
JOHNATHAN DAWSON	TRUSTEE 1	0.	0.	0.
DEBBIE DE PEYSTER	TRUSTEE 1	0.	0.	0.
ROBERT HARRINGTON	TRUSTEE 1	0.	0.	0.

TUPPER KINDER	CHAIR 2	0.	0.	0.
SUSAN MCLANE	TRUSTEE 1	0.	0.	0.
STEVE MIRICK	TRUSTEE 1	0.	0.	0.
ARTHUR MUDGE	TRUSTEE 1	0.	0.	0.
PEGGY NAUMES	TRUSTEE 1	0.	0.	0.
KEITH NELSON	TRUSTEE 1	0.	0.	0.
PETER STETTENHEIM	TRUSTEE 1	0.	0.	0.
PAULINE THERIAULT	TRUSTEE 1	0.	0.	0.
FRANCIE VON MERTENS	TRUSTEE 1	0.	0.	0.
JEFF NELSON	TRUSTEE 1	0.	0.	0.
DEAN BENSLEY	TREASURER 2	0.	0.	0.
JOHN A. GILBERT	TRUSTEE 1	0.	0.	0.
KENT TAYLOR	VP FOR DEVELOPMENT 45	51,500.	0.	0.

RICHARD MOORE	PRESIDENT	55	77,600.	0.	0.
RICHARD COOK	VP FOR CONSERVATION	50	45,400.	0.	0.
DANIEL FORTIN	EXECUTIVE VICE PRESIDENT	50	50,000.	0.	0.
ROBERTA BARRETT	TRUSTEE	1	0.	0.	0.
MICHELE GRENNON	TRUSTEE	1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V			224,500.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONSERVATION AND ENVIRONMENTAL PROGRAMS OF ALL TYPES FOSTER A BETTER UNDERSTANDING OF THE NATURAL WORLD FOR ALL PARTICIPANTS. THIS UNDERSTANDING LEADS TO MORE INFORMED DECISION-MAKING ON ISSUES OF ENVIRONMENTAL IMPORTANCE. THIS INCLUDES WILDLIFE AND HABITAT PROTECTION, SANCTUARIES AND OTHER RESOURCES, AS WELL AS INFORMATION AND ENCOURAGEMENT TO ATTEND SPECIAL PROGRAMS THROUGH NEWSLETTERS AND OTHER PUBLICATIONS. THIS PROCESS FOSTERS A GREATER AWARENESS, INTEREST, AND UNDERSTANDING OF IMPORTANT WILDLIFE AND WILDLIFE HABITAT ISSUES. NATIONAL AND GLOBAL ENVIRONMENT ISSUES INCREASE THE CUSTOMER'S AWARENESS, INTEREST, AND UNDERSTANDING OF THAT THEME.
94	MEMBERSHIP DUES AND ASSESSMENTS PROVIDE UNLIMITED ACCESS TO AVAILABLE RESOURCES.
102	SALES OF INVENTORY WHICH FOLLOWS THE SPECIFIC THEME OF LOCAL, REGIONAL AND NATIONAL CONSERVATION.

AUDUBON SOCIETY OF NEW HAMPSHIRE

5. Property and Equipment

Property and equipment consists of the following:

	<u>2002</u>	<u>2001</u>
Land	\$ 5,628,097	\$ 5,556,397
Buildings and improvements	1,937,721	1,952,079
Exhibits	-	60,275
Furniture, fixtures, and equipment	266,979	289,422
Motor vehicles	63,488	68,574
Construction in progress	<u>58,136</u>	<u>48,006</u>
	7,954,421	7,974,753
Less accumulated depreciation	<u>814,650</u>	<u>790,680</u>
Total property and equipment, net	<u>\$ 7,139,771</u>	<u>\$ 7,184,073</u>
Depreciation Expense as of 3/31/02	\$ 83,343	

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form) ►
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ►

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization AUDUBON SOCIETY OF NEW HAMPSHIRE	Employer identification number 02-6005322
File by the due date for filing your return. See instructions	Number, street and room or suite no. If a PO box, see instructions 3 SILK FARM ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CONCORD NH 03301	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ►
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until November 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year 20 ____ or

► tax year beginning April 1, 20 01, and ending March 31, 20 02

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature ► Paul J. Warden Title ► CPA Date ► 8/12/02

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)