



**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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	348,261.	0.	348,261.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,240,376.	975,320.	83,836.	181,220.
27 Pension plan contributions not included on lines 25a, b, and c	51,327.	32,272.	13,059.	5,996.
28 Employee benefits not included on lines 25a - 27	268,104.	172,635.	85,173.	10,296.
29 Payroll taxes	114,073.	69,462.	27,945.	16,666.
30 Professional fundraising fees				
31 Accounting fees	48,232.		48,232.	
32 Legal fees	12,438.	5,782.	6,656.	
33 Supplies	32,753.	12,908.	18,303.	1,542.
34 Telephone	18,588.	9,830.	7,046.	1,712.
35 Postage and shipping	106,582.	29,708.	37,253.	39,621.
36 Occupancy	4,594.	4,594.		
37 Equipment rental and maintenance	33,353.	9,753.	16,797.	6,803.
38 Printing and publications				
39 Travel	61,281.	50,563.	2,091.	8,627.
40 Conferences, conventions, and meetings	10,405.	774.	7,911.	1,720.
41 Interest	234,083.	78,651.	155,432.	
42 Depreciation, depletion, etc. (attach schedule)	331,988.	51,572.	280,416.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g See Statement 4	605,999.	643,073.	<125,636.>	88,562.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,522,437.	2,146,897.	1,012,775.	362,765.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? <b>See Statement 6</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a See Statement 5</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,146,897.
<b>b</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	2,146,897.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**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	1,100.	1,004.
	46 Savings and temporary cash investments	1,768,802.	1,207,008.
	47 a Accounts receivable	79,196.	
	b Less: allowance for doubtful accounts	15,000.	64,196.
	48 a Pledges receivable	57,522.	
	b Less: allowance for doubtful accounts	0.	57,522.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	52,153.	41,961.
	53 Prepaid expenses and deferred charges	68,203.	56,855.
	54 a Investments - publicly-traded securities Stmt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,005,655.	2,690,917.
	b Investments - other securities Stmt 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,008.	23,802.
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	14,235,033.		
b Less: accumulated depreciation Stmt 9	1,559,954.	12,675,079.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See Statement 10 )	3,759,061.	3,724,588.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	20,538,048.	20,542,932.	
Liabilities	60 Accounts payable and accrued expenses	390,853.	236,666.
	61 Grants payable		
	62 Deferred revenue	430,311.	540,666.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable Stmt 11 Stmt 12	3,043,800.	3,282,177.
	65 Other liabilities (describe <input type="checkbox"/> See Statement 13 )	257,671.	245,699.
66 <b>Total liabilities.</b> Add lines 60 through 65	4,122,635.	4,305,208.	
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	1,078,712.	510,124.
	68 Temporarily restricted	6,043,809.	6,409,404.
	69 Permanently restricted	9,292,892.	9,318,196.
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	16,415,413.	16,237,724.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	20,538,048.	20,542,932.	





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>NH</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	55
91 a	The books are in care of <u>The Organization</u> Telephone no. <u>603-224-9909</u> Located at <u>3 Silk Farm Road, Concord, NH</u> ZIP + 4 <u>03301</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

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 the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	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 Contract Revenue					897,629.
b Programs, Events &					
c Visitor Fees					448,462.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					206,413.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	88,920.	
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					
100 Gain or (loss) from sales of assets other than inventory					151,168.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					49,885.
103 Other revenue:					
a Other Income			01	105,607.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		194,527.	1,753,557.
105 Total (add line 104, columns (B), (D), and (E))					1,948,084.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

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).
1	See Statement 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(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 the instructions.)**

(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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: Michael Bartlett, President      Date: 1/26/11

Paid Preparer's Use Only

Preparer's signature: Rachel L. Williamson, CPA      Date: 01/25/11      Check if self-employed:       Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Berry, Dunn, McNeil & Parker, LLC  
1000 Elm Street, 15th Floor  
Manchester, NH 03101      EIN: \_\_\_\_\_      Phone no.: (603)669-7337

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>Audubon Society of New Hampshire</b>	Employer identification number <b>02 6005322</b>
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**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				
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-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000	▶ 0	
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**Part II-A 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
University of Vermont Waterman Building, Burlington, VT 05405	Research	56,115.
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-----		
-----		
-----		

Total number of others receiving over \$50,000 for professional services	▶ 0	
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**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		

Total number of other contractors receiving over \$50,000 for other services	▶ 0	
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**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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1	X
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)? See Part V-A, Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year	► N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	► N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	► 0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	► 0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,379,891.	1,600,266.	2,708,892.	1,378,879.	8,067,928.
16 Membership fees received	194,877.	348,430.	288,130.	272,228.	1,103,665.
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	1,212,547.	1,298,412.	1,045,108.	1,060,764.	4,616,831.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	97,167.	168,410.	122,633.	115,152.	503,362.
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	123,869.	51,702.	See Statement 18	43,200.	218,771.
23 Total of lines 15 through 22	4,008,351.	3,467,220.	4,164,763.	2,870,223.	14,510,557.
24 Line 23 minus line 17	2,795,804.	2,168,808.	3,119,655.	1,809,459.	9,893,726.
25 Enter 1% of line 23	40,084.	34,672.	41,648.	28,702.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 197,875.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,131,600.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,893,726.
d Add: Amounts from column (e) for lines: 18 503,362. 19 22 218,771. 26b 1,131,600.					26d 1,853,733.
e Public support (line 26c minus line 26d total)					26e 8,039,993.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.2636%
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					
(2006) (2005) (2004) (2003)					
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 11b, 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					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 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 2003 through 2006, 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.					

**Part V Private School Questionnaire** (See page 9 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.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		





Form 990      Gain (Loss) From Publicly Traded Securities      Statement 1

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
Gain on Sale of Securities	970,784.	819,616.	0.	151,168.
To Form 990, Part I, line 8	970,784.	819,616.	0.	151,168.

Form 990	Income and Cost of Goods Sold Included on Part I, Line 10	Statement 2
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Income

1. Gross receipts . . . . .	114,522	
2. Returns and allowances . . . . .		
3. Line 1 less line 2 . . . . .		114,522
4. Cost of goods sold (line 13) . . . . .	64,637	
5. Gross profit (line 3 less line 4) . . . . .		49,885

Cost of Goods Sold

6. Inventory at beginning of year . . . . .	52,153	
7. Merchandise purchased . . . . .	54,445	
8. Cost of labor . . . . .		
9. Materials and supplies . . . . .		
10. Other costs . . . . .		
11. Add lines 6 through 10 . . . . .		106,598
12. Inventory at end of year . . . . .	41,961	
13. Cost of goods sold (line 11 less line 12). . . . .		64,637

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
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Description	Amount
Change in Value of Split Interest Agreements	<18,255.>
Unrealized Loss on Investments	<68,114.>
Transfer to Loon Preservation Committee	105,488.
<b>Total to Form 990, Part I, line 20</b>	<b>19,119.</b>

Form 990	Other Expenses	Statement	4
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Description	(A)	(B)	(C)	(D)
	Total	Program Services	Management and General	Fundraising
Program Expense	72,985.	68,207.	<2,736.>	7,514.
Dues & Subscriptions	4,370.	2,200.	1,030.	1,140.
Advertising	29,503.	21,997.	7,336.	170.
Outside Services	150,989.	116,657.	33,039.	1,293.
Miscellaneous	26,560.	7,852.	18,680.	28.
Insurance	52,959.		52,959.	0.
Property Taxes	1,512.	1,512.	0.	0.
Repairs and Maintenance	52,415.	33,865.	0.	18,550.
Transportation	9,067.	7,567.	450.	1,050.
Utilities	53,290.	53,290.	0.	0.
Bad Debt Expense	133,619.	0.	135,416.	<1,797.>
Investment				
Management Fees	18,730.	0.	18,730.	0.
Allocated overhead	0.	329,926.	<390,540.>	60,614.
<b>Total to Fm 990, ln 43</b>	<b>605,999.</b>	<b>643,073.</b>	<b>&lt;125,636.&gt;</b>	<b>88,562.</b>

Form 990 Statement of Program Service Accomplishments Statement 5

Description of Program Service One

The Audubon Society of New Hampshire is an independent non-profit environmental organization whose mission is to protect NH's natural environment for wildlife and for people. Founded in 1914, ASNH works to protect species and habitats across the state and to involve people in the protection and enjoyment of NH's natural resources, through programs in environmental education, wildlife research, environmental advocacy, and land protection. Six Audubon Centers and 50 year round staff provide educational programs and field trips to members and non-members alike.

	Grants	Expenses
To Form 990, Part III, line a		2,146,897.

Form 990 Statement of Organization's Primary Exempt Purpose Statement 6  
Part III

Explanation

Statewide membership organization dedicated to protecting New Hampshire's wildlife and environment through education and conservation.

Form 990 Non-Government Securities Statement 7

Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
Corporate Stocks	FMV	2,064,056.			2,064,056.
To Form 990, line 54a, Col B		2,064,056.			2,064,056.

Form 990	Government Securities	Statement	8
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Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
US Government Obligations	FMV	626,861.		626,861.
Total to Form 990, line 54a, Col B		626,861.		626,861.

Form 990	Depreciation of Assets Not Held for Investment	Statement	9
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Land	7,758,777.	0.	7,758,777.
Building & Improvements	5,460,349.	1,003,970.	4,456,379.
Furniture, Fixtures & Equipment	942,362.	513,429.	428,933.
Motor Vehicles	73,545.	42,555.	30,990.
Total to Form 990, Part IV, ln 57	14,235,033.	1,559,954.	12,675,079.

Form 990	Other Assets	Statement	10
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Description	Beginning of Year	End of Year
Split-Interest Agreements	3,082,228.	3,117,444.
Loan Costs	29,312.	
Art Collection	581,000.	581,000.
Due to/from Affiliate	57,440.	
Bequests Receivable	9,081.	0.
Other Assets	0.	26,144.
Total to Form 990, Part IV, line 58	3,759,061.	3,724,588.

Form 990	Mortgages Payable	Statement 11	
Description			Balance Due
Mortgage note			2,396,821.
Mortgage note			439,616.
Total included on Form 990, Part IV, line 64b, Column B			2,836,437.

Form 990	Other Notes and Loans Payable	Statement 12
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<u>Lender's Name</u>	<u>Terms of Repayment</u>
Line of Credit, Refinanced to Long-Term	Monthly payments of principal & interest

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
06/24/04	12/31/08	500,000.	7.32%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
Investments	Cash flow needs

Relationship of Lender

None

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
	0.	445,740.

Total included on Form 990, Part IV, line 64, Column B	445,740.
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Form 990	Other Liabilities	Statement 13
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<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Gift Annuity Payable	254,349.	236,586.
Other Current Liabilities	3,322.	9,113.
Total to Form 990, Part IV, line 65	257,671.	245,699.

Form 990	Other Securities	Statement 14
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Security Description	Cost/FMV	Other Securities
Other Investments	FMV	23,802.
To Form 990, line 54b, Col B		23,802.

Form 990	Other Revenue Included on Form 990	Statement 15
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Description	Amount
Change in Value of Split-Interest Agreement	18,255.
Total to Form 990, Part IV-A	18,255.

Form 990	Part V-A - List of Current Officers, Directors, Trustees and Key Employees	Statement 16
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Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Contrib	Plan Expense Account
John A. Gilbert 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
John Hession 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
John Libby 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
Tupper Kinder 3 Silk Farm Road Concord, NH 03301	Board Chair 1.00	0.	0.	0.
Art Mudge 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.

## Audubon Society of New Hampshire

02-6005322

Paul Nickerson 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
Lawrence Sunderland 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
David Ellis 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
Richard Minard 3 Silk Farm Road Concord, NH 03301	President 35.00	105,000.	6,300.	0.
Elizabeth Janeway 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
Robert Ridgely 3 Silk Farm Road Concord, NH 03301	Trustee 1.00	0.	0.	0.
David Ries 3 Silk Farm Road Concord, NH 03301	Vice Chair 1.00	0.	0.	0.
Brian MacDonald 3 Silk Farm Road Concord, NH 03301	COO 35.00	95,000.	16,794.	0.
Carol Foss 3 Silk Farm Road Concord, NH 03301	Director of Conservation 35.00	50,824.	3,049.	0.
Eric Masterson 3 Silk Farm Road Concord, NH 03301	VP Development 35.00	60,000.	11,294.	0.
Joe Kabat 3 Silk Farm Road Concord, NH 03301	Loon Committe Rep 1.00	0.	0.	0.
Carl Johnson 3 Silk Farm Road Concord, NH 03301	LPC Chair 1.00	0.	0.	0.
Stephanie Parkinson 3 Silk Farm Road Concord, NH 03301	Council of Chapters Rep 1.00	0.	0.	0.

Joann O'Shaughnessy	Trustee			
3 Silk Farm Road	1.00	0.	0.	0.
Concord, NH 03301				

Totals Included on Form 990, Part V-A		<u>310,824.</u>	<u>37,437.</u>	<u>0.</u>
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Form 990 Part VIII - Relationship of Activities to Statement 17  
Accomplishment of Exempt Purposes

Line	Explanation of Relationship of Activities
93a	The Society has contracts with various state and federal agencies to provide conservation and other services.
93b	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.

Schedule A	Other Income				Statement 18
Description	2006 Amount	2005 Amount	2004 Amount	2003 Amount	
Miscellaneous Income	123,869.	51,702.	0.	43,200.	
Total to Schedule A, line 22	<u>123,869.</u>	<u>51,702.</u>	<u>0.</u>	<u>43,200.</u>	

## 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  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

**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 |

- The books are in the care of ▶ **THE ORGANIZATION**  
 Telephone No. ▶ **603-224-9909** FAX No. ▶ \_\_\_\_\_
- 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-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.

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>3a</b>	\$	
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	<b>3b</b>	\$	
c <b>Balance Due.</b> 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.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

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

**Check type of return to be filed** (File a separate application for each return):

Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ THE ORGANIZATION**  
 Telephone No. **▶ 603-224-9909**      FAX No. **▶**
- 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 is for.

4 I request an additional 3-month extension of time until **FEBRUARY 17, 2009**.

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.

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

7 State in detail why you need the extension  
**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO OBTAIN THE NECESSARY INFORMATION NEEDED TO COMPLETE A COMPLETE AND ACCURATE TAX RETURN.**

8a	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.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ <b>N/A</b>

**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 **▶ *Joseph L. Williamson***      Title **▶ CPA**      Date **▶ 4/11/08**