

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **10/01/07**, and ending **9/30/08**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

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

**C** Name of organization  
**NEW HAMPSHIRE HISTORICAL SOCIETY**

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

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

**D** Employer identification number  
**02-0233250**

**E** Telephone number  
**603-856-0602**

**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
- H(b)** If "Yes," enter number of affiliates **▶** .....
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **NHHISTORY.ORG**

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number **▶**

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **5,266,110**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				<b>525,486</b>							
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)											
<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>518,493</b> noncash \$ <b>6,993</b> )										<b>525,486</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										<b>2</b> <b>143,671</b>	
<b>3</b> Membership dues and assessments <b>See Statement 1</b>										<b>3</b> <b>348,882</b>	
<b>4</b> Interest on savings and temporary cash investments										<b>4</b> <b>5,679</b>	
<b>5</b> Dividends and interest from securities										<b>5</b> <b>326,857</b>	
<b>6a</b> Gross rents		<b>6a</b> <b>728,261</b>									
<b>b</b> Less: rental expenses <b>See Statement 2</b>		<b>6b</b> <b>380,902</b>									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										<b>6c</b> <b>347,359</b>	
<b>7</b> Other investment income (describe <b>▶ See Statement 3</b> )										<b>7</b> <b>-2,065,934</b>	
<b>8a</b> Gross amount from sales of assets other than inventory		<b>(A) Securities</b> <b>5,107,724</b>		<b>(B) Other</b>							
<b>b</b> Less: cost or other basis and sales expenses		<b>5,224,577</b>		<b>8b</b>							
<b>c</b> Gain or (loss) (attach schedule)		<b>-116,853</b>		<b>8c</b>							
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>See Stmt 4</b>										<b>8d</b> <b>-116,853</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)		<b>9a</b>									
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>									
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b> <b>145,484</b>									
<b>b</b> Less: cost of goods sold		<b>10b</b> <b>80,703</b>									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a <b>Stmt 5</b>										<b>10c</b> <b>64,781</b>	
<b>11</b> Other revenue (from Part VII, line 103)										<b>11</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										<b>12</b> <b>-420,072</b>	
<b>13</b> Program services (from line 44, column (B))										<b>13</b> <b>1,373,877</b>	
<b>14</b> Management and general (from line 44, column (C))										<b>14</b> <b>440,358</b>	
<b>15</b> Fundraising (from line 44, column (D))										<b>15</b> <b>4,979</b>	
<b>16</b> Payments to affiliates (attach schedule)										<b>16</b>	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)										<b>17</b> <b>1,819,214</b>	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										<b>18</b> <b>-2,239,286</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										<b>19</b> <b>16,230,739</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)										<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										<b>21</b> <b>13,991,453</b>	

**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. (See the instructions.)

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
<b>c</b> 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)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	749,270	579,653	169,617	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28	61,928	31,445	30,483	
<b>29</b> Payroll taxes	29	58,211	32,838	25,373	
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31				
<b>32</b> Legal fees	32	1,900		1,900	
<b>33</b> Supplies	33	25,081	17,779	7,302	
<b>34</b> Telephone	34	30,298	16,096	9,468	4,734
<b>35</b> Postage and shipping	35	27,094	7,929	19,165	
<b>36</b> Occupancy	36	156,599	140,322	16,277	
<b>37</b> Equipment rental and maintenance	37	34,177	23,272	10,905	
<b>38</b> Printing and publications	38	24,865	5,079	19,786	
<b>39</b> Travel	39	16,156	10,517	5,639	
<b>40</b> Conferences, conventions, and meetings	40	2,927		2,927	
<b>41</b> Interest	41	10,868		10,868	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42	173,690	173,690		
<b>43</b> Other expenses not covered above (itemize):					
<b>a See Statement 6</b>	43a	446,150	335,257	110,648	245
<b>b</b>	43b				
<b>c</b>	43c				
<b>d</b>	43d				
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,819,214	1,373,877	440,358	4,979

**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 (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?

▶ **See Statement 7**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **The Museum of New Hampshire History offers exhibitions on the state's heritage and traditions as well as a variety of programs for children and adults.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**348,989**

b **THE TUCK LIBRARY PRESERVES THE FINEST COLLECTION OF PRINTED, MANUSCRIPT, AND PICTORIAL MATERIALS RELATING TO NEW HAMPSHIRE HISTORY ANYWHERE.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**488,388**

c **EDUCATION - THE HISTORICAL SOCIETY OFFERS A DIVERSE RANGE OF EDUCATIONAL PROGRAMS INCLUDING GUIDED MUSEUM VISITS, TEACHING AND LEARNING AIDS, TEACHER WORKSHOPS, AND A HISTORY CURRICULUM FOR SCHOOL CHILDREN GRADES K-6 ARE SOME OF THE PROGRAMS OFFERED.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**123,337**

d **THE ORGANIZATION OPERATES A MUSEUM STORE, WHICH SELLS VARIOUS GOODS RELATED TO NEW HAMPSHIRE AND ITS HISTORY AS WELL AS PRODUCTS FROM VARIOUS LOCAL AREA CRAFTSMEN. THE MUSEUM ALSO OFFERS VARIOUS VISITOR SERVICES FOR MEMBERS AND PATRONS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**64,238**

e Other program services (attach schedule) **See Stmt 8**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**348,925**

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

**1,373,877**

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	100,100	45	78,002	
	46	Savings and temporary cash investments	199,247	46	282,121	
	47a	Accounts receivable	13,312			
	b	Less: allowance for doubtful accounts	9,838	47c	13,312	
	48a	Pledges receivable	84,210			
	b	Less: allowance for doubtful accounts	252,326	48c	84,210	
	49	Grants receivable		49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts		51c		
	52	Inventories for sale or use	100,649	52	103,076	
	53	Prepaid expenses and deferred charges	29,635	53	48,564	
	54a	Investments—publicly-traded securities <b>See Statement 9</b>	10,672,992	54a		
	b	Investments—other securities (attach schedule)		54b		
	55a	Investments—land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)		55c		
	56	Investments—other (attach schedule)	392,436	56	9,079,202	
	57a	Land, buildings, and equipment: basis	7,910,050			
b	Less: accumulated depreciation (attach schedule) <b>See Statement 11</b>	3,352,888	57c	4,557,162		
58	Other assets, including program-related investments (describe <b>See Statement 12</b> )	22,037	58	25,099		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	16,483,531	59	14,270,748		
Liabilities	60	Accounts payable and accrued expenses	69,456	60	94,837	
	61	Grants payable		61		
	62	Deferred revenue <b>See Statement 13</b>	3,441	62	4,563	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule) <b>See Worksheet</b>	179,895	64b	179,895	
	65	Other liabilities (describe )		65		
66	<b>Total liabilities.</b> Add lines 60 through 65	252,792	66	279,295		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
	67	Unrestricted	12,376,833	67	10,660,350	
	68	Temporarily restricted	166,282	68	327,502	
	69	Permanently restricted	3,687,624	69	3,003,602	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	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	<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)	16,230,739	73	13,991,453		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	16,483,531	74	14,270,748		





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?	<b>X</b>	
<b>b</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.)		
	<b>See Stmt 14</b>   <b>82b</b>   <b>152,385</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>N/A</b>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>N/A</b>
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<b>N/A</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<b>N/A</b>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>N/A</b>
<b>h</b>	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?		<b>N/A</b>
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	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		<b>X</b>
<b>b</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		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. 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	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<b>X</b>
<b>g</b>	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?	<b>89g</b>	<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed		<b>NH</b>
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	<b>34</b>
<b>91a</b>	The books are in care of <b>BILL VEILLETTE</b> Telephone no. <b>603-856-0602</b>		
	Located at <b>30 PARK ST</b> ZIP + 4 <b>03301</b>		
<b>b</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	<b>91b</b>	<b>X</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**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 ▶

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

**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) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>See Statement 15</b>					<b>143,671</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					<b>348,882</b>
95 Interest on savings and temporary cash investments			<b>14</b>	<b>5,679</b>	
96 Dividends and interest from securities			<b>14</b>	<b>326,857</b>	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			<b>16</b>	<b>347,359</b>	
98 Net rental income or (loss) from personal property					
99 Other investment income					<b>-2,065,934</b>
100 Gain or (loss) from sales of assets other than inventory			<b>14</b>	<b>-116,853</b>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					<b>64,781</b>
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>563,042</b>	<b>-1,508,600</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>-945,558</b>

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).
▼	<b>See Statement 16</b>

**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
<b>N/A</b>	%			
	%			
	%			
	%			

**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).

**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
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID 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
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID 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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date <b>1/09/09</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <b>P00021062</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>PLODZIK &amp; SANDERSON PROFESSIONAL ASSN. 193 North Main Street Concord, NH 03301</b>	EIN <b>02-0403669</b>	Phone no. <b>603-225-6996</b>	

**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>NEW HAMPSHIRE HISTORICAL SOCIETY</b>	Employer identification number <b>02-0233250</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 empl. benefit plans & deferred comp.	(e) Expense account and other allowances
BILL VEILLETTE 30 PARK STREET CONCORD NH 03301	EXECUTIVE DI 38	94,500	14,164	0
JOAN DESMARAIS-COPELEY 30 PARK STREET CONCORD NH 03301	ASST DIR 38	68,625	6,863	0
ANN HAMILTON 30 PARK STREET CONCORD NH 03301	DIR 38	67,000	4,097	0
DOROTHY DUCLOS 30 PARK STREET CONCORD NH 03301	DIR OF FIN 38	57,680	3,461	0
Total number of other employees paid over \$50,000 ▶		0		

**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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

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

	Yes	No
<b>1</b> 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.)	1	<b>X</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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	2b	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	2c	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	2e	<b>X</b>
<b>3a</b> 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	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	<b>X</b>
<b>c</b> 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	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	<b>X</b>
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	4b	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax 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
<b>g</b> Enter the aggregate value of assets held 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	
<b>Total</b> .....					

- 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.)	1,285,783	751,979	1,809,168	904,279	4,751,209
16 Membership fees received	282,719	276,347	266,958	275,661	1,101,685
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	358,994	309,848	560,750	651,523	1,881,115
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	1,072,877	957,593	243,765	238,816	2,513,051
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	3,000,373	2,295,767	2,880,641	2,070,279	10,247,060
24 Line 23 minus line 17	2,641,379	1,985,919	2,319,891	1,418,756	8,365,945
25 Enter 1% of line 23	30,004	22,958	28,806	20,703	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

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:

(2006)	0	(2005)	0	(2004)	0	(2003)	0
--------	---	--------	---	--------	---	--------	---

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:

(2006)	298,986	(2005)	263,932	(2004)	474,332	(2003)	589,414
--------	---------	--------	---------	--------	---------	--------	---------

c Add: Amounts from column (e) for lines: 15 4,751,209 16 1,101,685 17 1,881,115 20 _____ 21 _____	27c	7,734,009
d Add: Line 27a total _____ and line 27b total _____	27d	1,626,664
e Public support (line 27c total minus line 27d total)	27e	6,107,345
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	10,247,060
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	59.6009%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	24.5246%

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

		N/A	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?	29		
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?	30		
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.)	31		
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?	32d		
	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?	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?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	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 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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**

(a)  
Affiliated group  
totals

(b)  
To be completed  
for all electing  
organizations

(The term "expenditures" means amounts paid or incurred.)

<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>		
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	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 .....	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			

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

**2007**

Name of organization

Employer identification number

**NEW HAMPSHIRE HISTORICAL SOCIETY**

**02-0233250**

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 boxes 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 2 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization <b>NEW HAMPSHIRE HISTORICAL SOCIETY</b>	Employer identification number <b>02-0233250</b>
---	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>NEW HAMPSHIRE CHARITABLE FOUNDATION</u> <u>C/O NHHS 30 PARK ST</u> <hr/> <u>CONCORD</u> <span style="float:right;"><u>NH 03301</u></span>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>TRUST U/W/O BENJAMIN KIMBALL</u> <u>C/O NHHS 30 PARK ST</u> <hr/> <u>CONCORD</u> <span style="float:right;"><u>NH 03301</u></span>	\$ <u>86,400</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>THE BROWN FOUNDATION INC</u> <u>PO BOX 130646</u> <hr/> <u>HOUSTON</u> <span style="float:right;"><u>TX 77219</u></span>	\$ <u>24,250</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>MARTHA F CLARK</u> <u>C/O NHHS 30 PARK ST</u> <hr/> <u>CONCORD</u> <span style="float:right;"><u>NH 03301</u></span>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>FIDELITY INVESTMENTS GRANT</u> <u>82 DEVONSHIRE ST, S3A</u> <hr/> <u>BOSTON</u> <span style="float:right;"><u>MA 02109</u></span>	\$ <u>107,790</u>	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.)

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No. 1545-0172  
**2007**  
 Attachment  
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**NEW HAMPSHIRE HISTORICAL SOCIETY**

Identifying number  
**02-0233250**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	234,935

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	234,935
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2007</b>
For calendar year 2007, or tax year beginning <b>10/01/07</b> , and ending		<b>9/30/08</b>

Name <b>NEW HAMPSHIRE HISTORICAL SOCIETY</b>	Employer Identification Number <b>02-0233250</b>
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**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>LINE OF CREDIT</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>179,895</b>	<b>179,895</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>179,895</b>	<b>179,895</b>

**Federal Statements**

**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
HERITAGE FUND MEMBERSHIP REVE	\$ 138,858
REGULAR MEMBERSHIP REVENUE	128,086
TRUSTEE HERITAGE FUND MEMBERS	77,288
BUSINESS MEMBERSHIPS	4,650
Total	<u>\$ 348,882</u>

**Statement 2 - Form 990, Part I, Line 6b - Rental Expenses**

<u>Description</u>	<u>Deduction</u>
7 EAGLE SQUARE CONCORD, NH	
Management Fees	97,566
Insurance	6,194
Repairs	68,920
REAL ESTATE TAX-REI RENTAL	72,906
Utilities	70,884
Depreciation	61,239
MISCELLANEOUS EXPENSES-REI RENTAL	3,193
Total	<u>380,902</u>

**Statement 3 - Form 990, Part I, Line 7 - Other Investment Income**

<u>Description</u>	<u>Amount</u>
UNRESTRICTED INVESTMENT INCOM	\$ 6,900
UNREST INVESTMENT INCOME-BGS	1,164
UNREST INVESTMENT INCOME-ADMI	238,703
RESTRICTED INVESTMENT INCOME-	9,061
RESTRICTED INV INCOME-LIBRARY	110,555
RESTRICTED INV INCOME-PUBLICA	10,599
RESTRICTED INV INCOME-EXHIBIT	5,224
RESTRICTED INV INCOME-EDUCATI	22,929
PRENTIS MURPHY INVESTMENT INC	65,158
CHANGE IN UNREALIZED GAIN (LO	-1,314,821
TRANSFERS OUT-GENERAL	-323,838
CHANGE IN UNREALIZED GAIN (LO	-702,243
TRANSFERS OUT	-138,390
CHANGE IN UNREALIZED GAIN (LO	-48,871
TRANSFERS OUT	-8,064
Total	<u>\$-2,065,934</u>

**Federal Statements**

**Statement 4 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
Publicly Traded Securities					\$5,107,724	\$5,224,577		\$ -116,853
Total					<u>\$5,107,724</u>	<u>\$5,224,577</u>	<u>0</u>	<u>\$ -116,853</u>

**Federal Statements****Statement 5 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
MUSEUM STORE	\$ 145,484	\$ 80,703	\$ 64,781
Total	\$ 145,484	\$ 80,703	\$ 64,781

## Federal Statements

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
EQUIPMENT EXPENSE-LIBRARY	660	660		
FOOD/BEV/CATERING-MUSEUM	154	154		
FOOD/BEV/CATERING-EDUCATION	776	776		
CONTRACTED SERVICES-MUSEUM	5,835	5,835		
CONTRACTED SERVICES-LIBRARY	21,732	21,732		
CONTRACTED SERVICES-EDUCATION	10,633	10,633		
CONTRACTED SERVICES-MUSEUM SH	3,888	3,888		
FACILITIES CONTRACTED SVCS-MU	5,110	5,110		
FACILITIES CONTRACTED SVCS-LI	16,531	16,531		
ADVERTISING EXPENSES-EDUCATIO				
ADVERTISING EXPENSES-MUSEUM S	6,419	6,419		
DUES/SUBSCRIPTIONS-LIBRARY	2,430	2,430		
DUES/SUBSCRIPTIONS-MUSEUM SHO	290	290		
BANK/CHARGE CARD FEES-MUSEUM	4,710	4,710		
CATALOG SERVICE CONTRACTS-LIB	4,081	4,081		
NE REGIONAL FELLOWSHIP EXP-LI	2,000	2,000		
PUBLIC PROGRAM EXP-EDUCATION	416	416		
EDUCATION CENTER EXP-EDUCATIO	25	25		
ACQUISITIONS-MUSEUM	24,819	24,819		
ACQUISITIONS-LIBRARY	72,669	72,669		
CONSERVATION-MUSEUM	20,913	20,913		
CONSERVATION-LIBRARY	6,808	6,808		
REGISTER OVER/SHORT	30	30		
ROUNDING	7	7		
EQUIPMENT EXPENSE-MUSEUM SHOP				
STAFF DEVELOPMENT-LIBRARY				
ADVERTISING EXPENSES-MUSEUM				
DUES/SUBSCRIPTIONS-EDUCATION	15	15		
MISCELLANEOUS EXPENSES-MUSEUM	17	17		
OUTREACH EXPENSES-EDUCATION	20	20		
EQUIPMENT EXPENSE-ADMIN	416		416	
FOOD/BEV/CATERING-MEM/DEV	1,666		1,666	
FOOD/BEV/CATERING-ADMINISTRAT	4,889		4,889	
STAFF DEVELOPMENT-ADMINISTRAT	75		75	
CONTRACTED SERVICES-ADMINISTR	65,782		65,782	
CONTRACTED SVCS-COMM SYSTEMS	3,209		3,209	
FACILITIES CONTRACTED SVCS-AD	1,124		1,124	
ADVERTISING EXPENSES-MEM/DEV	186		186	
ADVERTISING EXPENSES-PUB REL	3,650		3,650	
ADVERTISING EXPENSES-ADMINIST	327		327	
DUES/SUBSCRIPTIONS-MEM/DEV	620		620	
DUES/SUBSCRIPTIONS-ADMINISTRA	1,346		1,346	
BANK/CHARGE CARD FEES-MEM/DEV	1,422		1,422	
BANK/CHARGE CARD FEES-ADMIN	393		393	
MISCELLANEOUS EXPENSES-ADMIN	2,613		2,613	
PLANNED GIVING EXP-MEM/DEV	1,983		1,983	
ANNUAL MEETING EXP-MEM/DEV	4,924		4,924	
PR SPECIAL PROMO & EVENTS-PUB	473		473	
INSURANCE-ADMINISTRATION	15,550		15,550	
MISCELLANEOUS EXPENSES-DEV/FU	160			160
FUNDRAISER EVENT EXP-MEM/DEV	85			85
EQUIPMENT EXPENSE-MUSEUM	75	75		

**Federal Statements****Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EQUIPMENT EXPENSE-EDUCATION	\$ 502	\$ 502	\$	\$
EQUIPMENT EXPENSE-BGS	1,307	1,307		
FOOD/BEV/CATERING-LIBRARY	111	111		
FOOD/BEV/CATERING-EXHIBITIONS	652	652		
STAFF DEVELOPMENT-PUBLICATION	37	37		
STAFF DEVELOPMENT-EDUCATION	60	60		
CONTRACTED SERVICES-PUBLICATI	6,237	6,237		
CONTRACTED SERVICES-EXHIBITIO	16,826	16,826		
CONTRACTED SERVICES-MEM/DEV	9,701	9,701		
CONTRACTED SERVICES-PUB REL	19,549	19,549		
CONTRACTED SERVICES-BGS	932	932		
ADVERTISING EXPENSES-LIBRARY	373	373		
ADVERTISING EXPENSES-PUBLICAT	30	30		
ADVERTISING EXPENSES-BGS	529	529		
DUES/SUBSCRIPTIONS-MUSEUM	3,061	3,061		
DUES/SUBSCRIPTIONS-PUBLICATIO	25	25		
DUES/SUBSCRIPTIONS-PUB REL	818	818		
DUES/SUBSCRIPTIONS-BGS	285	285		
BANK/CHARGE CARD FEES-LIBRARY	61	61		
REPROGRAPHICS-LIBRARY	112	112		
CONSERVATION-EXHIBITIONS	1,785	1,785		
EXHIBITION EXPENSES-EXHIBITIO	1,650	1,650		
PUBLICATION-HNH-PUBLICATIONS	30,046	30,046		
VOLUNTEER EVENT EXPENSES-ADMI	2,226	2,226		
BAD DEBT EXPENSE-GENERAL	2,882	2,882		
INSURANCE-MUSEUM	12,502	12,502		
INSURANCE-LIBRARY	9,098	9,098		
INSURANCE-EXHIBITIONS	2,797	2,797		
Total	<u>\$ 446,150</u>	<u>\$ 335,257</u>	<u>\$ 110,648</u>	<u>\$ 245</u>

**Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose**

Description

TO EDUCATE A DIVERSE PUBLIC ABOUT THE SIGNIFICANCE OF NEW HAMPSHIRE'S PAST AND ITS RELATIONSHIP TO OUR LIVES TODAY. TO THIS END, THE SOCIETY COLLECTS, PRESERVES, AND INTERPRETS MATERIAL PERTAINING TO NEW HAMPSHIRE HISTORY. IT OPERATES A RESEARCH LIBRARY AND MUSEUM AND CONDUCTS EXTENSIVE EDUCATIONAL PROGRAMS.

**Statement 8 - Form 990, Part III, Line e - Other Program Services**

Description

PUBLICATIONS, BUILDINGS, GROUNDS, AND SECURITY.

**Federal Statements****Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government Investments in securities	\$ .	\$	Market
Corporate Stock CORPORATE STOCK	1,745,256		Market
Corporate Bonds CORPORATE BONDS	7,846,040		Market
Total	<u>1,081,696</u>	<u>0</u>	Market
	<u>\$10,672,992</u>	<u>\$</u>	

**Statement 10 - Form 990, Part IV, Line 56 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CASH AND FIXED VALUE MONEY FUNDS INVESTMENTS	\$ 392,436	\$	Market
INVESTMENTS-GENERAL		5,886,783	
Total		2,979,852	
		212,567	
	<u>\$ 392,436</u>	<u>\$ 9,079,202</u>	

**Statement 11 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
LAND IMPROVEMENTS-TUCK-GENERAL	\$ 63,473	\$	\$ 63,473	\$
PARKING LOT-STORR STREET-GEN'L	322,124		323,119	
BUILDING-HAMEL CENTER-GENERAL	719,058		719,058	
BUILDING-STABLE-GENERAL	614,476		614,476	
CLOCK TOWER-GENERAL	136,657		136,657	
BUILDING IMPROVEMENT-TUCK GENERAL	1,986,616		2,034,584	
BUILDING IMPROVEMENT-HAMEL-GEN'L	2,114,420		2,130,418	
BUILDING IMPROVEMENT-STABLE-GEN	622,508		627,320	
EQUIPMENT AND FIXTURES-GEN'L	853,686		871,731	
WEBSITE DEVELOPMENT-GEN'L	35,919		35,919	
PERMANENT EXHIBITS	153,296		153,296	
ACCUM DEPREC-LAND IMPROVEMENTS		39,442		43,674
ACCUM DEPREC-PARKING LOT		301,430		322,179

**Federal Statements****Statement 11 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment (continued)**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
ACCUM DEPRE-HAMEL CENTER				
ACCUM DEPREC-STABLE GENERAL	\$	\$ 212,121	\$	\$ 226,502
ACCUM DEPREC-CLOCK TOWER-GEN'L		172,078		184,368
ACCUM DEPREC-TUCK BUILDING-GEN'L		23,865		26,598
ACCUM DEPREC-HAMEL BUILDING		756,167		823,797
ACCUM DEPREC-STABLE-BUILDING		518,776		562,914
ACCUM DEPREC-EQUIPMENT AND FIXTURES		202,083		230,283
ACCUM DEPREC-WEBSITE-GEN'L		702,783		743,358
ACCUM DEPREC-PERMANENT EXHIBITS		35,919		35,919
ROUNDING		153,296		153,296
LAND-STORRS ST LOT-GENERAL	-1	1	-1	
	200,000		200,000	
Total	\$ <u>7,822,232</u>	\$ <u>3,117,961</u>	\$ <u>7,910,050</u>	\$ <u>3,352,888</u>

**Statement 12 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CASH SURRENDER VALUE OF LIFE	\$	\$
CSV-LIFE INSURANCE	22,037	25,099
Total	\$ <u>22,037</u>	\$ <u>25,099</u>

**Statement 13 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Support & rev designated for DUE TO NENR	\$	\$
DEFERRED REVENUE	801	4,563
Total	\$ <u>3,441</u>	\$ <u>4,563</u>

**Federal Statements****Statement 14 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
ESTIMATED VALUE OF COLLECTIONS ITEMS ACQUIRED BY GIFT	\$ 152,385
Total	\$ <u>152,385</u>

**Federal Statements****Statement 15 - Form 990, Part VII, Line 93 - Program Service Revenue**

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
MISCELLANEOUS INCOME-MUSEUM		\$		\$	\$ 678
MISCELLANEOUS INCOME-LIBRAR					2,478
MISCELLANEOUS INCOME-EDUCAT					129
MISCELLANEOUS INCOME-MBRSHI					2,623
MISCELLANEOUS INCOME-MUSEUM					7
MISCELLANEOUS INCOME-ADMIN					3,725
ADMISSIONS REVENUE-MUSEUM					22,296
USER FEE REVENUE-MUSEUM					33
USER FEE REVENUE-LIBRARY					1,601
RIGHTS & REPRODUCTIONS-MUSE					1,352
RIGHTS & REPRODUCTIONS-LIBR					7,840
IN HOUSE EDUCATION PROGRAMS					31,938
OUTREACH EDUCATION PROGRAMS					17,650
EDUCATION PUBLIC PROGRAM RE					5,173
SHIPPING INCOME					4,617
PUBLICATION INCOME					3,589
PUBLICATION ROYALTIES INCOM					475
DISPOSAL INCOME-LIBRARY					20,077
RAFFLE FUNDRAISING					14,328
CHANGE IN LIFE INSURANCE CS					3,062
Total		\$		\$	\$ 143,671

**Statement 16 - Form 990, Part VIII - Relationship of Activities**

Line No.	Description
93a	ADMISSION AND LIBRARY EQUIPMENT USEAGE FEES CHARGED TO PATRONS TO COVER THE SOCIETY'S MUSEUM, LIBRARY AND EDUCATION PROGRAM COSTS AND FOR CONSERVATION NEEDS.
101	VARIOUS FUNDRAISING PROGRAMS AND SPECIAL EVENTS FOR THE PURPOSE OF FUNDING THE SOCIETY'S PROGRAMS AS WELL AS FOR GENERAL OPERATING NEEDS.
102	TO PROVIDE CUSTOMERS THE OPPORTUNITY TO PURCHASE PRODUCTS PERTAINING TO NEW HAMPSHIRE OR PRODUCED BY LOCAL AREA CRAFTSMEN.