

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
- ☐ Amended
return
- ☐ Applica-
tion
pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

30 PARK ST

Room/suite

City, town, or post office, state, and ZIP code

CONCORD, NH 03301**F** Name and address of principal officer: **WILLIAM H. DUNLAP****SAME AS C ABOVE****D** Employer identification number**02-0233250****E** Telephone number**603-228-6688****G** Gross receipts \$**4,322,414.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.NHHISTORY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1823** **M** State of legal domicile: **NH****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE A DIVERSE PUBLIC ABOUT THE SIGNIFICANCE OF NEW HAMPSHIRE'S PAST AND ITS RELATIONSHIP		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	86
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,346.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-7,467.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,480,127.	1,903,160.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,976.	86,597.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	457,766.	682,878.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,551.	209,945.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,462,420.	2,882,580.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	936,136.	912,509.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,816.	52,890.	33,750.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	938,329.	965,217.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,927,355.	1,911,476.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	535,065.	971,104.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,592,097.	19,836,710.
22 Net assets or fund balances. Subtract line 21 from line 20	677,918.	850,107.	
		16,914,179.	18,986,603.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	KURT M. SWENSON, TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN
	ORESTE J. MOSCA		MAR 27 2014	Self-employed <input type="checkbox"/> P00366101
	Firm's name ▶ NATHAN WECHSLER & COMPANY, P.A.	Firm's EIN ▶ 02-0327524		
	Firm's address ▶ 70 COMMERCIAL STREET, SUITE 401 CONCORD, NH 03301	Phone no. 603-224-5357		

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

232001 12-10-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 587,087. including grants of \$) (Revenue \$ 35,675.)
LIBRARY AND MUSEUM: THE NEW HAMPSHIRE HISTORICAL SOCIETY COLLECTS AND PRESERVES THE MOST EXTENSIVE COLLECTION OF OBJECTS, BOOKS, MANUSCRIPTS, AND IMAGES RELATED TO NEW HAMPSHIRE HISTORY THAT CAN BE FOUND ANYWHERE. THESE COLLECTIONS OFFER THE MOST COMPLETE PICTURE AVAILABLE OF THE SOCIAL, ECONOMIC, POLITICAL, AND CULTURAL HISTORY OF NEW HAMPSHIRE OVER NEARLY FOUR CENTURIES.

4b (Code:) (Expenses \$ 166,541. including grants of \$) (Revenue \$ 47,430.)
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-12.

4c (Code:) (Expenses \$ 445,637. including grants of \$) (Revenue \$ 21,622.)
THE SOCIETY OFFERS PUBLIC RELATIONS AND MEMBER SERVICES FOR VARIOUS VISITORS AND PATRONS. OTHER PROGRAMS INCLUDE PUBLICATIONS, EXHIBITS, FACILITIES, BUILDINGS, GROUNDS, AND SECURITY. THE SOCIETY ALSO OPERATES A MUSEUM STORE, WHICH SELLS BOOKS AND GOODS RELATED TO NEW HAMPSHIRE AND ITS HISTORY AS WELL AS NEW HAMPSHIRE-MADE PRODUCTS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,199,265.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 19		
b Enter the number of voting members included in line 1a, above, who are independent 1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANN-MARIE MILLER - 603-856-0602**
30 PARK STREET, CONCORD, NH 03301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN K. CURRIE PRESIDENT	2.20	X		X				0.	0.	0.
(2) JANE C. NYLANDER SECRETARY	1.00	X		X				0.	0.	0.
(3) MICHAEL C. SUNUNU TRUSTEE	2.60	X		X				0.	0.	0.
(4) DAVID H. SOUTER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) JOEL J. BEDOR TRUSTEE	1.00	X						0.	0.	0.
(6) KATHLEEN A. BELKO TRUSTEE	1.00	X						0.	0.	0.
(7) Q. DAVID BOWERS TRUSTEE	1.00	X						0.	0.	0.
(8) MARGARET MARSHALL TRUSTEE	1.00	X						0.	0.	0.
(9) BARBARA A. PITTSCH TRUSTEE	2.60	X						0.	0.	0.
(10) PAUL C. REMUS TRUSTEE	1.00	X						0.	0.	0.
(11) EDWARD E. SHUMAKER TRUSTEE	1.00	X						0.	0.	0.
(12) SUSAN P. SLOAN TRUSTEE	1.00	X						0.	0.	0.
(13) DAVID M. SUNDMAN TRUSTEE	1.00	X						0.	0.	0.
(14) KURT M. SWENSON TREASURER	2.30	X						0.	0.	0.
(15) WILLIAM W. UPTON TRUSTEE	1.80	X						0.	0.	0.
(16) PAMELA D. VANARSDALE TRUSTEE	1.00	X						0.	0.	0.
(17) BERT R. WHITTEMORE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CYNTHIA J. VAN ZANDT TRUSTEE	1.00	X						0.	0.	0.
(19) WILLIAM P. VEILLETTE TRUSTEE	2.50	X						0.	0.	0.
(20) WILLIAM H. DUNLAP EXECUTIVE DIRECTOR	40.00			X				96,886.	0.	15,370.
1b Sub-total								96,886.	0.	15,370.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								96,886.	0.	15,370.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	305,157.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,598,003.				
	g Noncash contributions included in lines 1a-1f: \$		87,204.				
	h Total. Add lines 1a-1f			1,903,160.			
Program Service Revenue	Business Code						
	2 a EDUCATION PROGRAMS	611710		47,430.	47,430.		
	b MUSEUM	900099		26,265.	26,265.		
	c LIBRARY	900099		9,410.	9,410.		
	d PUBLICATIONS	511190		3,492.	3,492.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			86,597.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			550,653.			550,653.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	542,181.				
	b Less: rental expenses	(i) Real	370,689.				
	c Rental income or (loss)	(i) Real	171,492.				
	d Net rental income or (loss)			171,492.			171,492.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,151,583.				
	b Less: cost or other basis and sales expenses	(i) Securities	1,019,358.				
	c Gain or (loss)	(i) Securities	132,225.				
	d Net gain or (loss)			132,225.			132,225.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a	12,102.				
	b Less: direct expenses	b	0.				
c Net income or (loss) from gaming activities			12,102.	12,102.			
10 a Gross sales of inventory, less returns and allowances	a	75,263.					
b Less: cost of goods sold	b	49,787.					
c Net income or (loss) from sales of inventory			25,476.	18,130.	7,346.		
Miscellaneous Revenue		Business Code					
11 a VAR. ADMINISTRATIVE	900099		875.			875.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			875.				
12 Total revenue. See instructions.			2,882,580.	116,829.	7,346.	855,245.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,411.	35,499.	25,706.	61,206.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	668,300.	469,459.	23,704.	175,137.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	65,869.	35,929.	20,799.	9,141.
10 Payroll taxes	55,929.	28,691.	18,836.	8,402.
11 Fees for services (non-employees):				
a Management	75.		75.	
b Legal	22,000.		22,000.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	33,750.			33,750.
f Investment management fees	25,169.		25,169.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	90,541.	62,111.	15,853.	12,577.
12 Advertising and promotion				
13 Office expenses	38,556.	21,678.	1,626.	15,252.
14 Information technology	43,265.	17,626.	11,442.	14,197.
15 Royalties				
16 Occupancy	166,043.	154,193.	8,732.	3,118.
17 Travel	9,290.	8,380.	175.	735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,842.	403.	211.	12,228.
20 Interest	2,982.		2,982.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	191,441.	191,441.		
23 Insurance	31,613.	19,953.	11,660.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL FUNDRAISING-CAP	151,238.			151,238.
b EXHIBITS, ACQ. & CONSERV.	93,413.	93,413.		
c PHOTOGRAPHY, PRINTING &	40,792.	30,123.	7,145.	3,524.
d PUBLICATIONS	24,040.	24,040.		
e All other expenses	21,917.	6,326.	14,280.	1,311.
25 Total functional expenses. Add lines 1 through 24e	1,911,476.	1,199,265.	210,395.	501,816.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 96-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	207,305.	1	76,494.
	2 Savings and temporary cash investments	209,078.	2	686,805.
	3 Pledges and grants receivable, net	200,791.	3	348,693.
	4 Accounts receivable, net	1,781.	4	7,011.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	71,740.	8	49,726.
	9 Prepaid expenses and deferred charges	79,446.	9	71,385.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,122,601.		
	b Less: accumulated depreciation	10b 4,207,211.		
	11 Investments - publicly traded securities	3,986,635.	10c 3,915,390.	
	12 Investments - other securities. See Part IV, line 11	8,324,641.	11 9,139,553.	
	13 Investments - program-related. See Part IV, line 11	3,699,448.	12 4,143,897.	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	811,232.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,592,097.	15 1,397,756.	16 19,836,710.	
Liabilities	17 Accounts payable and accrued expenses	207,246.	17	179,359.
	18 Grants payable		18	
	19 Deferred revenue	20,434.	19	20,511.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	249,895.	22	249,500.
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	200,343.	25	400,737.
	26 Total liabilities. Add lines 17 through 25	677,918.	26	850,107.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,205,774.	27	10,609,872.
	28 Temporarily restricted net assets	2,605,954.	28	3,879,161.
	29 Permanently restricted net assets	4,102,451.	29	4,497,570.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,914,179.	33	18,986,603.
	34 Total liabilities and net assets/fund balances	17,592,097.	34	19,836,710.

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,882,580.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,911,476.
3	Revenue less expenses. Subtract line 2 from line 1	3	971,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,914,179.
5	Net unrealized gains (losses) on investments	5	1,099,820.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,986,603.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	

h Provide the following information about the supported organization(s).

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	496,076.	531,136.	707,574.	1480127.	1903160.	5118073.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	496,076.	531,136.	707,574.	1480127.	1903160.	5118073.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5118073.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	496,076.	531,136.	707,574.	1480127.	1903160.	5118073.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1002584.	1074671.	1159324.	1115847.	1092701.	5445127.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		7,802.	7,690.	1,883.	875.	18,250.
11 Total support. Add lines 7 through 10						10581450.
12 Gross receipts from related activities, etc. (see instructions)					12	1,026,871.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	48.37	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	42.96	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization



b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization



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



SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

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

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

- a ☒ Public exhibition
 b ☒ Scholarly research
 c ☒ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,630,767.	5,746,967.	6,033,184.	5,415,962.	5,343,688.
b Contributions	412,018.	101,894.	51,751.	78,743.	30,566.
c Net investment earnings, gains, and losses	907,715.	1,112,374.	-7,437.	1,065,075.	601,980.
d Grants or scholarships					
e Other expenditures for facilities and programs	479,261.	307,888.	305,017.	501,024.	514,342.
f Administrative expenses	14,589.	22,580.	25,514.	25,572.	45,930.
g End of year balance	7,456,650.	6,630,767.	5,746,967.	6,033,184.	5,415,962.

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

a Board designated or quasi-endowment ☒ 36.13 %

b Permanent endowment ☒ 37.04 %

c Temporarily restricted endowment ☒ 26.83 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		200,000.		200,000.
b Buildings		6,413,511.	2,876,729.	3,536,782.
c Leasehold improvements				
d Equipment		967,632.	791,231.	176,401.
e Other		541,458.	539,251.	2,207.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,915,390.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITIES	2,035,880.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME BONDS	426,118.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTERESTS IN		
(D) TRUSTS	1,681,899.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,143,897.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	40,216.
(2) CONTRIBUTIONS RECEIVABLE	431,361.
(3) CHARITABLE GIFT ANNUITY	316,844.
(4) CHARITABLE REMAINDER UNITRUST	609,335.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,397,756.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	188,378.
(3) CHARITABLE REMAINDER UNITRUST	
(4) PAYABLE	212,359.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	400,737.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	4,416,531.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,099,820.
b	Donated services and use of facilities	2b	12,155.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	421,976.
e	Add lines 2a through 2d	2e	1,533,951.
3	Subtract line 2e from line 1	3	2,882,580.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,882,580.

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

1	Total expenses and losses per audited financial statements	1	2,344,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,155.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	420,476.
e	Add lines 2a through 2d	2e	432,631.
3	Subtract line 2e from line 1	3	1,911,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,911,476.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: IN ACCORDANCE WITH SFAS 116, THE SOCIETY HAS ELECTED

NOT TO REPORT COLLECTION ITEMS IN ITS STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS A DECREASE IN UNRESTRICTED NET ASSETS IF PURCHASED WITH UNRESTRICTED ASSETS AND AS DECREASES IN TEMPORARILY RESTRICTED OR PERMANENTLY RESTRICTED NET ASSETS IF PURCHASED WITH DONOR-RESTRICTED ASSETS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

STATEMENT OF ACTIVITIES. THE SOCIETY HAS A POLICY THAT REQUIRES NET PROCEEDS REALIZED FROM THE SALE OR TRANSFER OF DEACCESSIONED OBJECTS WILL BE USED ONLY FOR ACQUISITION AND CONSERVATION OF COLLECTIONS.

THE SOCIETY'S COLLECTIONS INCLUDE BOOKS, MANUSCRIPTS, PHOTOGRAPHS, RESEARCH MATERIALS AND OBJECTS RELATING TO THE HISTORY OF NEW HAMPSHIRE. THESE COLLECTIONS HAVE BEEN ACQUIRED BY DONATION, BEQUESTS AND PURCHASES. COLLECTION ITEMS ARE ACQUIRED OR CONSERVED BASED ON THE SOCIETY'S LONG-RANGE PLANS FOR COLLECTIONS DEVELOPMENT.

COLLECTIONS ARE MADE AVAILABLE FOR SCHOLARLY USE BY THE PUBLIC AND MAINTAINED UNDER APPROPRIATE SECURITY AND PRESERVATION CONDITIONS.

PART III, LINE 4: THE SOCIETY'S COLLECTIONS INCLUDE BOOKS, MANUSCRIPTS, PHOTOGRAPHS, RESEARCH MATERIALS AND OBJECTS RELATING TO THE HISTORY OF NEW HAMPSHIRE. THESE COLLECTIONS HAVE BEEN ACQUIRED BY DONATION, BEQUESTS AND PURCHASES. COLLECTION ITEMS ARE ACQUIRED OR CONSERVED BASED ON THE SOCIETY'S LONG-RANGE PLANS FOR COLLECTIONS DEVELOPMENT.

COLLECTIONS ARE MADE AVAILABLE FOR SCHOLARLY USE BY THE PUBLIC AND MAINTAINED UNDER APPROPRIATE SECURITY AND PRESERVATION CONDITIONS.

PART V, LINE 4: THE SOCIETY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT FUNDS WHILE ALSO MAINTAINING THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OVER THE LONG-TERM.

Part XIII Supplemental Information (continued)

PART X, LINE 2: THE SOCIETY IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION; HOWEVER, CERTAIN UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL TAXATION. FOR THE YEAR ENDED SEPTEMBER 30, 2013, THERE WAS NO LIABILITY FOR A TAX ON UNRELATED BUSINESS INCOME.

THE SOCIETY HAS ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, MANAGEMENT HAS EVALUATED THE SOCIETY'S TAX POSITIONS AND CONCLUDED THE SOCIETY HAD MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MUSEUM STORE COST OF GOODS SOLD	\$49,787
RENTAL EXPENSES	\$370,689
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	\$1,500

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MUSEUM STORE COST OF GOODS SOLD	\$49,787
RENTAL EXPENSES	\$370,689

PART XI, LINE 8:

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	\$ 1,500
--	----------

PART XII, LINE 2D:

Part XIII Supplemental Information *(continued)*

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE \$ 1,500

MUSEUM SHOP COST OF GOODS SOLD NETTED \$ 49,787

RENTAL EXPENSES NETTED \$370,689

PART XIII, LINE 2D:

MUSEUM SHOP COST OF GOODS SOLD NETTED \$ 49,787

RENTAL EXPENSES NETTED \$370,689

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number
02-0233250

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total	742,617.	33,750.	708,867.
--------------	-----------------	----------------	-----------------

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts				
2 Less: Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				()
11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:(I) NAME OF FUNDRAISER:SHARON PRESSLEY-FIERO D/B/A WATERSIDE CONSULTING GROUP(I) ADDRESS OF FUNDRAISER: 1686 WASHINGTON ST #2, BOSTON, MA 02118

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

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

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

[illegible]

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

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

Part II	Loans to and/or From Interested Persons.
----------------	---

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MERRIMACK COUNTY	EXECUTIVE	LINE OF	X		250,000.	249,500.		X	X		X	
Total						\$ 249,500.						

Total ► \$ 249,500.

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	12		
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		0.	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21	87,204.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	3,591		
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	83		
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

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

29

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

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

Schedule M (Form 990) (2012)

Part II

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

SCHEDULE M, LINE 33: IN ACCORDANCE WITH SFAS 116, THE SOCIETY HAS ELECTED NOT TO REPORT COLLECTION ITEMS IN ITS STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS A DECREASE IN UNRESTRICTED NET ASSETS IF PURCHASED WITH UNRESTRICTED ASSETS AND AS DECREASES IN TEMPORARILY RESTRICTED OR PERMANENTLY RESTRICTED NET ASSETS IF PURCHASED WITH DONOR-RESTRICTED ASSETS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES. THE SOCIETY HAS A POLICY THAT REQUIRES NET PROCEEDS REALIZED FROM THE SALE OR TRANSFER OF DEACCESSIONED OBJECTS WILL BE USED ONLY FOR ACQUISITION AND CONSERVATION OF COLLECTIONS.

THE SOCIETY'S COLLECTIONS INCLUDE BOOKS, MANUSCRIPTS, PHOTOGRAPHS, RESEARCH MATERIALS AND OBJECTS RELATING TO THE HISTORY OF NEW HAMPSHIRE. THESE COLLECTIONS HAVE BEEN ACQUIRED BY DONATION, BEQUESTS AND PURCHASES. COLLECTION ITEMS ARE ACQUIRED OR CONSERVED BASED ON THE SOCIETY'S LONG-RANGE PLANS FOR COLLECTIONS DEVELOPMENT.

COLLECTIONS ARE MADE AVAILABLE FOR SCHOLARLY USE BY THE PUBLIC AND MAINTAINED UNDER APPROPRIATE SECURITY AND PRESERVATION CONDITIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number
02-0233250

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO OUR LIVES TODAY. IN SUPPORT OF THE MISSION, THE SOCIETY COLLECTS,
PRESERVES, AND INTERPRETS MATERIAL PERTAINING TO NEW HAMPSHIRE HISTORY.

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

MEMBERSHIP CATEGORIES:

THE SOCIETY SHALL CONSIST OF INDIVIDUAL, COUPLE, FAMILY, BUSINESS,
NONPROFITS, FOUNDATIONS, AND COMPLIMENTARY MEMBERS IN GOOD STANDING BY
VIRTUE OF THEIR HAVING PAID THEIR DUES AND SUCH OTHER CATEGORIES OF
MEMBERSHIP AS MAY FROM TIME TO TIME BE ESTABLISHED BY THE BOARD OF
TRUSTEES.

QUALIFICATIONS:

MEMBERSHIP SHALL BE OPEN TO ALL OF THE ABOVE WHO ARE INTERESTED IN
FURTHERING THE PURPOSES AND WORK OF THE SOCIETY, TO BE EFFECTIVE UPON
PAYMENT OF DESIGNATED DUES AND SHALL BE VALID FOR ONE YEAR FROM THE DATE OF
PAYMENT.

RIGHTS AND PRIVILEGES OF MEMBERSHIP:

ONLY THOSE MEMBERS OF ALL CATEGORIES THAT HAVE PAID THEIR DUES AND ARE IN
GOOD STANDING SHALL BE ENTITLED TO VOTE, ONE VOTE PER MEMBER, AT ALL
MEETINGS OF THE MEMBERS, AND TO THE FULL PRIVILEGES OF MEMBERSHIP IN THE
SOCIETY, AS DETERMINED FROM TIME TO TIME BY, AND SUBJECT TO SUCH
REGULATIONS AS MAY BE PRESCRIBED BY, THE BOARD OF TRUSTEES. VOTING IS
LIMITED TO PERSONS EIGHTEEN (18) YEARS OF AGE OR OLDER. VOTING MAY BE

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

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

EXERCISED IN PERSON OR BY PROXY AS DETERMINED BY THE
TRUSTEES, IN WHICH EVENT PROXIES SHALL BE COUNTED FOR THE PURPOSE OF
DETERMINING A QUORUM.

DUES:

THE BOARD OF TRUSTEES SHALL FROM TIME TO TIME DETERMINE THE AMOUNT OF
ANNUAL DUES PAYABLE BY MEMBERS OF EACH CATEGORY. THE TRUSTEES SHALL, AT
THEIR DISCRETION, DISCOUNT DUES FOR ANY AND ALL CATEGORIES OF MEMBERSHIP.
WHEN ANY MEMBER SHALL BECOME DELINQUENT IN THE PAYMENT OF DUES, HIS OR HER
MEMBERSHIP SHALL TERMINATE AND HE OR SHE SHALL NO LONGER BE A MEMBER IN
GOOD STANDING.

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

THE MEMBERS VOTE TO ELECT MEMBERS OF THE BOARD TRUSTEES AT THE ANNUAL
MEETING.
MEMBERS DO NOT VOTE TO ELECT OFFICERS OF THE BOARD. OFFICERS ARE ELECTED
BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS PRESENTED
TO A BOARD OF TRUSTEES COMMITTEE FOR REVIEW PRIOR TO THE TREASURER'S
SIGNING AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES HAVING A REAL OR APPARENT
CONFLICT OF INTEREST IN ANY MATTER BEFORE THE BOARD MUST DISCLOSE THE
POSSIBLE CONFLICT AND EXCLUDE THEMSELVES FROM THE DISCUSSION AND/OR VOTE ON
THE MATTER IN QUESTION.

TRUSTEES HAVING AN INTEREST IN A PROPOSED PECUNIARY BENEFIT TRANSACTION

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

WITH THE SOCIETY THAT IS BROUGHT BEFORE THE BOARD SHALL HAVE AN AFFIRMATIVE OBLIGATION TO DISCLOSE SUCH INTEREST AND SHALL BE PROHIBITED FROM BEING PRESENT DURING OR PARTICIPATING IN THE DISCUSSION ON THE SUBJECT OR VOTING THEREON. THE BOARD SHALL AUTHORIZE THE SOCIETY TO ENTER INTO SUCH TRANSACTIONS ONLY IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF RSA 7:19-A.

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

COMPENSATION PROCESS FOR TOP OFFICIAL

THE NEW HAMPSHIRE HISTORICAL SOCIETY IS COMMITTED TO USING ITS RESOURCES EFFICIENTLY AND EFFECTIVELY TO SERVE THE PUBLIC AND FULFILL ITS MISSION. THE INSTITUTION ADHERES TO GOOD GOVERNANCE PRACTICES IN ESTABLISHING EXECUTIVE COMPENSATION.

THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE OF THE SOCIETY AND MAKES RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES IN MATTERS OF THE EXECUTIVE DIRECTOR'S TERMS OF EMPLOYMENT INCLUDING COMPENSATION AND BENEFITS.

THE COMPENSATION AND BENEFITS OF THE EXECUTIVE DIRECTOR ARE SET FORTH IN EITHER A WRITTEN COMPENSATION AND BENEFITS TERM SHEET, OR IN A FORMAL WRITTEN EMPLOYMENT AGREEMENT EXECUTED BETWEEN THE SOCIETY AND THE EXECUTIVE DIRECTOR.

THE EXECUTIVE COMMITTEE WILL SUBMIT THE RECOMMENDED COMPENSATION TERM SHEET OR FORMAL EMPLOYMENT AGREEMENT WITH THE EXECUTIVE DIRECTOR TO THE BOARD OF TRUSTEES FOR DISCUSSION AND ACTION.

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number
02-0233250

THE BOARD AND EXECUTIVE COMMITTEE DISCUSS THE MATTER DURING A PORTION OF THE BOARD MEETING WHEN THE EXECUTIVE DIRECTOR IS EXCUSED FROM THE MEETING AND NOT PRESENT.

THE TERM SHEET OR FORMAL AGREEMENT WITH THE EXECUTIVE DIRECTOR MUST BE APPROVED BY A MAJORITY VOTE OF THE BOARD OF TRUSTEES PRESENT AT A DULY CALLED AND HELD BOARD OF TRUSTEES MEETING WHERE THE REQUIRED QUORUM OF DIRECTORS IS PRESENT TO CONDUCT A MEETING.

COMPARISONS OF PUBLIC DATA ON EXECUTIVE DIRECTOR COMPENSATION ARE USED AND DOCUMENTED IN DETERMINING THE EXECUTIVE DIRECTOR COMPENSATION, AS WELL AS FACTS AND CIRCUMSTANCES RELATING TO THE PAST PERFORMANCE OF THE EXECUTIVE DIRECTOR.

THE EXECUTIVE DIRECTOR COMPENSATION PACKAGE IS REVIEWED REGULARLY BY THE BOARD OF TRUSTEES.

COMPENSATION PROCESS FOR OFFICERS (SENIOR MANAGERS)

THE EXECUTIVE DIRECTOR OF THE SOCIETY IS RESPONSIBLE FOR ALL ADMINISTRATIVE DETAILS, AND IMPLEMENTATION OF POLICIES, PROGRAMS, AND LONG RANGE OBJECTIVES APPROVED BY THE BOARD OF TRUSTEES. THE EXECUTIVE DIRECTOR EXERCISES FULL SUPERVISION AND MANAGEMENT OF ALL PERSONNEL, ASSIGNS DUTIES AND SO FORTH WITHIN THE POLICIES APPROVED BY THE BOARD.

COMPENSATION FOR SENIOR MANAGERS IS DETERMINED THROUGH A DUE DILIGENCE PROCESS THAT THE EXECUTIVE DIRECTOR EMPLOYS BASED UPON THE COMPARISONS OF

Name of the organization

NEW HAMPSHIRE HISTORICAL SOCIETY

Employer identification number

02-0233250

PUBLIC DATA, PARTICULARLY THE PUBLISHED WAGE SCALES OF THE NEW ENGLAND MUSEUM ASSOCIATION, PAST PERFORMANCE, AND THE AMBITIOUS GOALS STATED IN SENIOR MANAGERS' ANNUAL WORK PLAN OBJECTIVES. OVERALL COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE AND A RECOMMENDATION IS MADE TO THE BOARD OF TRUSTEES FOR THEIR APPROVAL AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY'S IRS FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG OR BY APPOINTMENT AT THE SOCIETY'S LIBRARY. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE BY APPOINTMENT AT THE SOCIETY'S LIBRARY IN CONCORD, NH.

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

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 1,500.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.