Return of Organization Exempt From Income Tax

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

38,121,325

1,145,234

37,701,523

324,771

DLN: 93493278001218

OMB No 1545-0047 2017

Inspection

Department of the Treasur Internal Revenue Service

foundations)

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

A For the 2017 calendar year, or tax year beginning 05-01-2017 , and ending 04-30-2018 C Name of organization D Employer identification number B Check if applicable New England Forestry Foundation Inc ☐ Address change 04-2024022 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 32 Foster Street ☐ Application pending (978) 952-6856 City or town, state or province, country, and ZIP or foreign postal code Littleton, MA $\,$ 014604346 $\,$ G Gross receipts \$ 3,903,709 Name and address of principal officer H(a) Is this a group return for Robert Perschel ☐Yes ☑No subordinates? 32 Foster Street H(b) Are all subordinates Littleton, MA 014604346 ☐ Yes ☐No ıncluded? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ J Website: ► newenglandforestry org M State of legal domicile L Year of formation 1944 **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktrianglePart I Summary 1 Briefly describe the organization's mission or most significant activities NEFF safeguards and assures sustainable management of the region's forests New England Forestry Foundation safeguards and assures sustainable management of regional forests. This mission encompasses Conserving forest land both through direct ownership and through the acquisition and stewardship of conservation easements Communicating forests' many benefits clearly to the general public, forest landowners, and other key audiences. Fostering government policies and private practices that support sustainable forest management, Activities & Governance protect forest health and maintain forests' many values to society Demonstrating high-quality forest management on lands we own or Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 18 4 17 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) . 5 27 Total number of volunteers (estimate if necessary) 6 28 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,056,867 1,447,825 Ravenue 420,205 1,468,287 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 310,389 338,860 14,163 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,162 2,793,623 3,269,135 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 5,000 5,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,216,472 1,512,638 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶493.413 17 Other expenses (Part IX. column (A), lines 11a-11d, 11f-24e). 1,067,505 1,205,404 2,723,042 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,288,977 19 Revenue less expenses Subtract line 18 from line 12 504,646 546,093 Assets or **Beginning of Current Year** End of Year

Signature Block

20 Total assets (Part X, line 16) . .

Under penalties of perjury, I declare that I have examined this return, inclu knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

22 Net assets or fund balances Subtract line 21 from line 20 .

21 Total liabilities (Part X, line 26)



Net /

Signature of officer Robert Perschel Executive Director Type or print name and title Print/Type preparer's name Joseph M Giso Preparer's signature Joseph M Giso

Paid **Preparer Use Only**

Firm's name > JOHNSON O'CONNOR FERON & CARUCCI LLP Firm's address ► 101 EDGEWATER DRIVE SUITE 210

WAKEFIELD, MA 01880

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	017)					Page 2						
Par	t III	Statement	of Program Servic	e Accomplis	hments								
		Check If Sched	dule O contains a respo	onse or note to a	any line in this Part III		🗹						
1	Briefly	describe the o	rganization's mission		·								
enco Sch (and) high-	mpasse: OCommi orivate p -quality	s Conserving fo unicating forest practices that si	rest land both through s' many benefits clearl upport sustainable fore nent on lands we own	direct ownersh y to the genera est management	ip and through the acq I public, forest landowr :, protect forest health	ne region's private forests This mis juisition and stewardship of conserv ners, and other key audiences Fost and maintain forests' many values of our lands is ensured through thi	vation easements Cont on tering government policies to society Demonstrating						
2		-	, -		- ,	which were not listed on							
	🗌 Yes 🗹 No												
	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program												
3	Did th												
	service	🗌 Yes 🗹 No											
	If "Yes," describe these changes on Schedule O												
4	Sectio	n 501(c)(3) and		ons are required	to report the amount	e largest program services, as meas of grants and allocations to others,							
4a	(Code) (Expenses \$	1,163,023	including grants of \$) (Revenue \$	7,057)						
	See Ad	ditional Data											
4b	(Code) (Expenses \$	212,200	ıncludıng grants of \$	5,000) (Revenue \$	945,000)						
	See Ad	ditional Data											
4c	(Code) (Expenses \$	547,367	ıncludıng grants of \$) (Revenue \$	523,287)						
	See Ad	ditional Data											
4d			es (Describe in Schedu	•									
	(Expe	nses \$	ıncl	uding grants of	\$) (Revenue \$)						
4e	Total	program serv	ice expenses 🕨	1,922,5	90								

or X as applicable

Section 501(c)(3) organizations.

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

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Form **990** (2017)

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Yes

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Yes

Yes

Yes

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Part IV	Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 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,

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. **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?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 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 . . . 📆

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			╙
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 32			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_	and the state of t	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments 7 If "No," provide an explanation in Schedule 0	14b		
			orm 00	0 (2017)

	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respo	nse to li	Page t
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to n	7703
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1 a	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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		
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
1/	List the States with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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			

DIRECTOR

DIRECTOR

(17) G MONTGOMERY LOVEJOY III

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

or reportable compensation from the organization	n and any relate	eu organ	ıızatı	OHS							
• List all of the organization's former directo organization, more than \$10,000 of reportable co											
List persons in the following order individual tru- compensated employees, and former such perso		rs, ınstı	tutioi	nal t	rust	ees,	offic	ers, key employees	s, highest		
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m Inless Office ustee	er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	related organizations	
(1) ROBERT PERSCHEL EXECUTIVE DIRECTOR	40 00	×		×				139,991	0	20,382	
(2) PHILIP Y DENORMANDIE PRESIDENT	4 00	×		x				0	0	0	
(3) ROBERT W ACKERMAN TREASURER	4 00	x		х				О	0	0	
(4) FREDERICK J WEYERHAEUSER CLERK	4 00	×		x				О	0	0	
(5) Pierrette Kelly DIRECTOR	0 50	×						0	0	0	
(6) FREDERICK E FINDLAY DIRECTOR	0 50	×						0	0	0	
(7) RUTH KENNEDY SUDDUTH DIRECTOR	0 50	х						0	0	0	
(8) JONATHAN M KEYES DIRECTOR	0 50	×						0	0	0	
(9) RICHARD F PERKINS DIRECTOR	0 50	×						0	0	0	
(10) IRENE SEDGWICK BRIEDIS DIRECTOR	0 50	х						0	0	0	
(11) ERNEST W FOSTER JR	0 50	х						0	0	0	

DIRECTOR 0 50 (12) Anne Stetson DIRECTOR 0 0 0 0.50 (13) BYRON W STUTZMAN 0 DIRECTOR 0 50 (14) JOHN F HEMENWAY 0 0 Х 0 DIRECTOR 0 50 (15) CHARLES COLLINS DIRECTOR Х 0 0 0 50 (16) ANDREA COLNES 0

0 50

Х

0

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(A)___

(F)

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	Name and Title	hours per week (list any hours for related	than o	rosition (do not check more han one box, unless person is both an officer and a director/trustee)					compensation from the organization (W- 2/1099-MISC)	compensation from relate organization (W- 2/1099	on ed ns	amount of compen from organizat	of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033-11136)	MISC)		relat organiz	:ed
(18)	MARY ANN NORRIS	0 50	x						0		0		0
DIKE	CTOR		••••						,		$\overline{}$		
	FRANK LOWENSTEIN	40 00					×		128,525		o		20,741
	TY DIRECTOR		••••						,		\rightarrow		
											\dashv		
											\rightarrow		
1b :	Sub-Total					1							
	Total from continuation sheets to Part Total (add lines 1b and 1c)	•				,	-		268,516		0		41,123
2	Total number of individuals (including bi of reportable compensation from the ord	ut not limited to						ceıv	· ·	,000			
												Yes	No
3	Did the organization list any former off line 1a? <i>If "Yes," complete Schedule J fo</i>			key (emp •	loye •	e, or h	nighe •	est compensated er	nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations gundividual	reater than \$150	,000?	if "Ye	s," (comp				he			
	individual		•		•	•	•	•			4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization? If										5		No
Se	ection B. Independent Contractor	S											
1	Complete this table for your five highest from the organization Report compensation										npen	sation	
	Name and	(A) business address							Descrip	(B) tion of services		(C Compen	
							-				\Box		
									+		\dashv		
											-		

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

(C)

(D)

(B)

Part		<u> </u>	Revenue								rage 3
. aic		Check if Schedul		a respo	onse or note to	anv line in	this Part VIII				П
			<u> </u>	<u> </u>			(A) I revenue	Relat exe fund	ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				reve	enue		512-514
nts nts		b Membership dues		1b							
rar		·		\vdash							
A.G		c Fundraising events		1c							
iffs ar		d Related organizatio		1d							
m 'S'		e Government grants (co		1e	49,	942 ——					
Sis	1	 All other contributions, and similar amounts n 		1f	1,397,	883					
outi he		above			2,037,						
Contributions, Gifts, Grants and Other Similar Amounts	'	g Noncash contribution in lines 1a-1f \$		266,	<u>,375</u>						
Contributions, Gifts, Grants and Other Similar Amounts		Total.Add lines 1a-1	.f		>		1,447,825				
					Bus	 iness Code	1,++1,023				
) Luci	2 a	Conservation Easement				11000	0 9	45,000	945	,000	
F.	b	Timber Sales				11000	0 5	23,287	523	,287	
Service Revenue	c										
χerν	d	l 		_			-				
Ē	е	. ————		_			+				
Program	f	All other program se	rvice revenue	•		1 160 20					
Ĕ	g	Total.Add lines 2a-2f	f		>	1,468,28	/				
		Investment income (ii			nterest, and o	ther	217,790				217,790
		similar amounts) .			and proceeds	<u> </u>	217,790	1			217,790
		Income from investme Royalties		-	ona proceeas	▶					
	•	Noyalties : :	(ı) Rea		(II) Person						
	6a	Gross rents	(1)	-	(,						
				7,106							
	t	Less rental expenses		0							
	c	Rental income or		7,106							
		(loss)	r (less)				7,106	5			7,106
	•	Net rental income o	(i) Securi	ties	(II) Other	<u>▶</u>		1			7,100
	7a	Gross amount from sales of assets other than inventory	.,,	755,644	(ii) Other						
	t	Less cost or other basis and sales expenses	6	534,574							
		Gain or (loss)		121,070							
		l Net gain or (loss) .		•		•	121,070				121,070
Other Revenue	8a	Gross income from for (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of							
Ä		Less direct expense		b							
her		: Net income or (loss)		_	ents	<u> </u>					
ŏ	90	Gross income from g See Part IV, line 19		ies							
				а							
		Less direct expense		ь							
		: Net income or (loss) aGross sales of invent		activit	ies	<u> </u>					
		returns and allowand	ces	a							
		Less cost of goods s		b							
	•	Net income or (loss) Miscellaneous		invent	ory Business Co	<u>▶</u>					
	11	•aInsurance Claims	Revenue			00099	6,20:	1	6,201		
	t	Other Revenue			9	00099	856		856		
	c	:									
								-			
		Total. Add lines 11a				-	7,057	7			
	12	! Total revenue. See	Instructions			▶	3,269,13	5	1,475,344		0 345,966
				_							Form 990 (2017)

Forn	n 990 (2017)		·		Page 10
	rt IX Statement of Functional Expenses				
Sect	tion 501(c)(3) and 501(c)(4) organizations must complete all co	,	·	` ,	_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> D</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,000	5,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	268,516	130,142	66,058	72,316
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	949,716	616,783	143,327	189,606
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	200,442	100,428	40,097	59,917
10	Payroll taxes	93,964	47,470	19,498	26,996
11	Fees for services (non-employees)				
a	Management	140,818	140,812		6
b	Legal				
c	: Accounting				
d	ILobbying				

248,525

21,661

8,119

50,809

72,993

4,658

107,184

31,915

101,699

89,476

82,476

68,554

176,517

2,723,042

220,004

13,852

4,927

37,515

48,235

4,658

104,654

23,305

59,273

89,476

46,995

68,554

160,507

1,922,590

13,397

2,304

682

1,009

4,405

394

2,456

1,108

6,349

5,955

307,039

0

0

15,124

5,505

2,510

12,285

20,353

2,136

6,154

41,318

29,132

10,055

493,413

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0

Ω

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials •

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

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ✓ if following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

a Publication and Communi

c Repairs and Maintenance

d Survey and Appraisal Fe

e All other expenses

b Commission Expense

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees . . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

End of year

(A)

Beginning of year

319.455

43.500

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

38.121.325

1,024,939

3.148

117,147

1,145,234

28.718.497

5,081,239

3.176.355

36,976,091

38,121,325

Page **11**

362.689

252.500

217,233

26,000

81,538

324,771

29.872.221

4,328,176

3.176.355

37,376,752

37.701.523

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37.701.523

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

Cash_non-interest-hearing

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \(\subseteq \) and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

ı	-	cash-hon-interest bearing	1	-	1
l	2	Savings and temporary cash investments	531,487	2	0
l	3	Pledges and grants receivable, net	86,338	3	22,340
l	4	Accounts receivable, net		4	
	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 instructions) Complete Part II of Schedule L		6	
l	7	Notes and loans receivable, net		7	
ı	_			_	

15

16

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

ets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	itions o	of section 501(c)(9)		6	
se	,	·					
Ass	8	Inventories for sale or use		•		8	
٩	9	Prepaid expenses and deferred charges			40,922	9	29,944
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	28,118,747			
	b	Less accumulated depreciation	10b	962,659	27,855,763	10c	27,156,088
	11	Investments—publicly traded securities .		9,243,860	11	9,877,962	
	12	Investments—other securities See Part IV, line	11 .	[12	
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		[14	

Page **12**

2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2017)

6

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Form 990 (2017)

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

7 Investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

-770,001 37,376,752 Part XIII Financial Statements and Reporting **✓** Check if Schedule O contains a response or note to any line in this Part XII

Yes No ☐ Cash ☑ Accrual ☐ Other

1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other." explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No

Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 04-2024022

Name: New England Forestry Foundation Inc.

Form 990 (2017)

Form 990, Part III, Line 4a: Thoughtful, long-term stewardship requires informed landowners, skilled professional foresters, and a general public that recognizes forests' importance. NEFF's education and outreach work fosters the public policies and private actions needed to conserve and sustainably manage New England's privately owned forests through public walks. volunteer training sessions, workshops for the public and forest professionals, and development of print, web, email and social media-based communications of important themes and developments regarding New England's forests

Form 990, Part III, Line 4b:

management of more than 1.1 million acres of forest land owned by private individuals and forest products companies in seven states

To protect forests from fragmentation and development, NEFF acquires land and conservation easements by both donation and purchase. To date we own more than 140

community forests conserving more than 26,000 acres across New England. We also hold more than 140 conservation easements that protect and provide for sustainable

Form 990, Part III, Line 4c: Conservation does not stop once a forest or easement is acquired. NEFF conducts annual monitoring surveys with all landowners with whom we hold an easement to ensure that the terms of the easement are maintained. We work with local foresters throughout New England to sustainably manage our community forests, demonstrating highquality forest practices and providing a sustainable supply of wood, economic opportunity, and jobs to local communities. Forests conserved by NEFF sequester carbon and

through that sequestration can provide carbon credits for CO2 equivalents which can be sold via a carbon market, providing additional revenues for conservation

efil	e GR/	APHIC pri	<u>nt - DO NO</u>	T PROCESS	As Filed Data -		DLN: 93493278001218					
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017			
•		f the Treasury	► Infe	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection			
Nam	e of th	nie Service he organiza			<u>www.ms.g</u>			Employer identific				
ivew E	ngiand	Forestry Found	lation Inc					04-2024022				
	rt I				us (All organization			See instructions.				
1 1	organiz				it is (For lines 1 thro			(A)(i)				
_		•		·	sociation of churches							
2					1)(A)(ii). (Attach Sch	•	• •					
3		·	•	·	vice organization desc			•				
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			ition operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).				
7	\checkmark			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in			
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	- '			
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported:	organizations of	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se (ction 509(a)(2). See section 509(a				
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally i		supporting organizatio ons) You must com				ted with, its			
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgar	, ,			
e		Check this	, box if the org	ianization receiv	, ved a written determir	nation from the I		pe I, Type II, Type II	[functionally			
f	Enter			on-functionally Lorganizations	integrated supporting	organization						
g				-	ipported organization(s)		_				
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org. in your govern	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota	l				structions for	Cat No 11285		 Schedule A (Form 9				

supported organization

(b)(1)(A)(ix)

Page 2

	(Complete only if you ch						to qualify	under Part
	III. If the organization fa	ails to qualify unc	der the tests liste	ed below, please	e complete Part	III.)		
S	Section A. Public Support		<u> </u>					
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	2017	(f) Total
	(or fiscal year beginning in) ▶	(-,	(-,	(-,	(-,	(-,-		(-,
L	Gifts, grants, contributions, and	4 609 026	2 041 220	2 154 107	2 006 006		1 454 454	12 155 623
	membership fees received (Do not	4,608,926	2,841,230	2,154,107	2,096,906		1,454,454	13,155,623
	include any "unusual grant ")							
2	Tax revenues levied for the	1						
	organization's benefit and either paid	1						
	to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to	,						
	the organization without charge	1						
4		4,608,926	2,841,230	2,154,107	2,096,906		1,454,454	13,155,623
4	Total. Add lines 1 through 3	4,000,920	2,641,230	2,134,107	2,090,900		1,454,454	13,133,023
•	The portion of total contributions by	1						
	each person (other than a	1						
	governmental unit or publicly	1						2 006 570
	supported organization) included on	1						3,806,578
	line 1 that exceeds 2% of the	1						
	amount shown on line 11, column (f)	1						
=	Public support. Subtract line 5							
•	from line 4	1						9,349,045
_								
	Section B. Total Support	Г						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2	017	(f)Total
_		4 609 036	2 941 220	2 154 107	2 006 006		1 454 454	12 155 623
	Amounts from line 4	4,608,926	2,841,230	2,154,107	2,096,906		1,454,454	13,155,623
8								
	dividends, payments received on	177,621	192,893	194,217	224,473		223,644	1,012,848
	securities loans, rents, royalties and							
_	income from similar sources Net income from unrelated business							
9								
	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 VI)							
	, ,							
11	10							14,168,471
	Gross receipts from related activities,	etc (see instruction	ns)	I		12	I .	2,668,456
13	First five years. If the Form 990 is fo	or the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a secti	ion 501(c)(3) orga	nization,
	check this box and stop here						▶ 🗆	
S	ection C. Computation of Public							
14	Public support percentage for 2017 (lin	ne 6. column (f) dıv	ided by line 11, co	lumn (f))		14		65 980 %
	Public support percentage for 2016 Sc			(177		\vdash		
						15		65 290 %
16a	3 33 1/3% support test—2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, c	heck this b	
	and stop here. The organization quali	ifies as a publicly si	ipported organizat	ion				▶ ☑
b	33 1/3% support test-2016. If th	ie organization did r	not check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	3% <mark>or</mark> m	ore, check	this
_	box and stop here. The organization	a qualifies as a publ	icly supported orga	nization				▶□
	10%-facts-and-circumstances test				12 162 or 16h	and line	14	
17a								
	is 10% or more, and if the organization in Part VI how the organization meets							
	_	the facts-and-circl	umstances test I	ne organization qi	uaimes as a public	iy suppo	ntea	. —
	organization							▶□
b	10%-facts-and-circumstances tes	st—2016. If the org	ganization did not (check a box on lin	e 13, 16a, 16b, or	⁻ 17a, ar	nd line	
	15 is 10% or more, and if the organiz	zation meets the "fa	acts-and-circumsta	nces" test, check	this box and stop	here.		
	Explain in Part VI how the organization	on meets the "facts-	-and-cırcumstance	s" test The organ	ization qualifies as	s a publi	cly	
	supported organization							ightharpoons

20

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)								
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If								
_	the organization fails to	qualify under t	the tests listed I	pelow, please co	omplete Part II.)				
Se	ection A. Public Support								
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20)17	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")						\longrightarrow		
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								
4	under section 513 Tax revenues levied for the						-		
4	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								
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
Ь	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								
_	Add lines 7a and 7b						-		
8	Public support. (Subtract line 7c						-		
•	from line 6)								
Se	ction B. Total Support								
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	117	(f) Total	
_	(or fiscal year beginning in) ▶	(4) 2013	(5) 2011	(0, 2013	(4) 2010	(0) 2.		(1) 10ta	
9	Amounts from line 6								
0a	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								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is								
	regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI)								
13	Total support. (Add lines 9, 10c,								
	11, and 12)	u Hara a sura			<u> </u>	5011	-)(2)		
L4	First five years. If the Form 990 is for	r the organization	is first, second, th	nira, fourth, or fift	n tax year as a sect	on 501(c)(3) org	_	
e-	check this box and stop here ection C. Computation of Public S	Support Bores	ntage					▶□	
<u> </u>	Public support percentage for 2017 (lin			column (f))		15			
15 16	Public support percentage from 2016 S								
		•	•			16			
	ection D. Computation of Investi Investment income percentage for 201			line 13 column (f))	1 4 - 1			
L7	investment income percentage for 201	is (iiiie toc, colul	iii (i) aivided by	mie 15, column (1	//	17			

Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 331/3% support tests—2017. 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—2016. 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

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

ightharpoons

Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	they describe in the supported organization and accignated by diase or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

		~	l 1	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	The time organization has a distinct a single and a district and a		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	

	· ·					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported					

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

	art IV Supporting Organizations (continued)		<u>'</u>	age 3
ı C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection b. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons)		
	a The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
			/	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ΣU		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

Sched	dule A (Form 990 or 990-EZ) 2017			Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting or	ganization (see

7 Total annual distributions. Add lines 1 through 6						
Distributions to attentive supported organizations to videtails in Part VI) See instructions						
9 Distributable amount for 2017 from Section C, line 6	9 Distributable amount for 2017 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1 Distributable amount for 2017 from Section C, line						

8 Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	nen the organization is respon	Sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			

Schedule A (Form 990 or 990-EZ) (2017)

b From 2013. **c** From 2014. **d** From 2015. e From 2016. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. . . . c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

Additional Data

Software ID:

Software Version:
EIN: 04-2024022

Name: New England Forestry Foundation Inc

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Pa

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493278001218 OMB No 1545-0047

> Open to Public **Inspection**

(Form 990)

► Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** New England Forestry Foundation Inc 04-2024022 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) ✓ Preservation of land for public use (e.g., recreation or education). Preservation of an historically important land area ✓ Protection of natural habitat Preservation of a certified historic structure ✓ 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b 1.147.984 00 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 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? **✓** Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

 ${f d}$ Equipment .

Par	t III	Organizations Ma	aintaining Collections	of Art, H	listori	<u>cal Tr</u>	eası	ires, or	· Other :	Similar As	ssets (cont	inued)	
3		g the organization's acqu s (check all that apply)	uisition, accession, and othe	r records,	check a	any of	the fo	llowing t	hat are a	significant u	ise of its col	lection	
а		Public exhibition			d		Loan	or excha	ange prog	rams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	generations										
4	Provi Part :		organization's collections and	d explain h	now the	y furth	er th	e organız	ation's ex	empt purpo	se in		
5			anization solicit or receive do ids rather than to be mainta							ılar	☐ Yes	□ No	
Pai	rt IV		odial Arrangements. ganization answered "Yes	s" on Fori	m 990,	, Part	IV, lı	ine 9, oi	r reporte	d an amou		n 990, P	art
1a			, trustee, custodian or other (?	ıntermedi	ary for	contrib	oution	s or othe	er assets r	not	☐ Yes	□ No	
b	If "Ye	es." explain the arrange	ment in Part XIII and compl	ete the fol	llowina	table				А	mount		
c		nning balance				-			1c				
d	-	tions during the year							1d				
e		ibutions during the year							1e				
f		ng balance							1f				
2a		3	an amount on Form 990, Pa	rt X. line 2	21. for 6	escrow	or cu	ı stodial a	ccount lia	bility?	п,		
b		-	ment in Part XIII Check her	•	•					•	⊔ Yes	□ No	
Pa	rt V	Endowment Fund	is. Complete if the orgar	nization a	nswer	ed "Ye	es" o	n Form	990, Par	t IV, lıne 1	.0.		
			(a)Curre		(b) Pr	ior year	-	(c)Two y	ears back	(d)Three yea		Four years	
	-	ning of year balance .		899,973		1,038	,085		1,133,462	1,	103,019	1,04	10,576
		butions		70 502		0.7	502		27.640		42.022		7.240
С	Net inv	vestment earnings, gain	s, and losses	79,502		97	,502		-37,618		43,922	9	7,348
d	Grants	s or scholarships											
е		expenditures for facilitie rograms	es	20,730		235	,613		57,759		13,479	3	34,905
f	Admın	istrative expenses .											
g	End of	year balance		959,040		899	,973		1,038,085	1,	133,462	1,10	3,019
2	Provi	de the estimated percer	ntage of the current year en	d balance	(line 1g	, colur	nn (a)) held a	s				
а	Board	d designated or quasi-ei	ndowment ▶ 13 860 %										
b	Perm	nanent endowment 🕨	10 370 %										
С	Temp	porarily restricted endow	vment ▶ 75 770 %										
	The p	percentages on lines 2a,	2b, and 2c should equal 10	0%									
3a		here endowment funds nization by	not in the possession of the	organızatı	on that	are he	eld an	ıd admını	stered for	the		Yes	No
	(i) u	nrelated organizations									3a(i)		No
b		related organizations . es" on 3a(ii), are the rel	ated organizations listed as	 required o	 on Sche	dule R	· .				3a(ii) 3b		No
4	Desci	ribe in Part XIII the inte	nded uses of the organization	n's endow	vment f	unds							
Pai	rt VI	Land, Buildings, a Complete of the org	and Equipment. ganization answered "Yes	s" on Fori	m 990,	, Part	IV, lı	ine 11a.	See For	m 990, Pa	rt X, line 1	0.	
	Descri	iption of property	(a) Cost or other basis (investment)	(b) Cost					umulated d			ook value	
1a	Land		25,756,598									25,7	756,598
	Buildin	-	1,798,450							626,951		1,1	171,499
		nold improvements	401,718							225,524		1	176,194

161,981

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

51,797

27,156,088

110,184

	Investments—Other Securities. Complete if the organise Form 990, Part X, line 12.							
	(a) Description of security or category (including name of security)		(b) Book value			lethod of v nd-of-year	aluation market value	
	l derivatives							
2) Closely- 3)Other	held equity interests	<u>·</u>						
4)								
3)								
()								
))								
≣)								
:)								
G)								
٦)								
	n (b) must equal Form 990, Part X, col (B) line 12)	•						-
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. Se	ee Form 9	90, Part :	X, line 13.	
	(a) Description of investment	(b) Bo	ook value			lethod of v	aluation market value	
1)						ia or your		
2)								
3)								
4)								
5)								
5)								
7)								
8)								
9)								
	n (b) must equal Form 990, Part X, col (B) line 13)							
otal. (Colum	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
otal. (Colum Part IX		on For	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P	art X, line 15 (b) Book v.	alue
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on For	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Fori	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
Part IX 1) 2)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
Part IX 2) 3)	Other Assets. Complete if the organization answered 'Yes' of	on For	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
ptal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' of	on For	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
Part IX 2) 3) 4)	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
Part IX (2) (3) (4) (5) (5) (7)	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	.1d See Fo	orm 990, P		alue
part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa		.1d See Fo	orm 990, P	(b) Book v	alue
part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description						(b) Book v	alue
ptal. (Column Part IX L) 2) 3) 4) 5) 7) otal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
ptal. (Column Part IX L) 2) 3) 4) 5) 7) otal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo				(b) Book v	alue
potal. (Column Part IX 1) 2) 3) 4) 5) 5) 6) 7) otal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
Part IX 2) 3) 3) 4) 5) 6) 7) 6) Part X A Part X A Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
Part IX 2) 3) 4) 5) 6) 7) 6) Part X A Part X Part	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
Part IX 2) 3) 4) 5) Cotal. (Column 2) Cotal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
otal. (Colum. Part IX 1) 2) 3) 4) 5) otal. (Colum. Part X 1) Federal (2) 3) 4)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
otal. (Colum. Part IX 1) 2) 3) 4) 5) otal. (Colum. Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
Part IX 1) 2) 3) 4) 5) 6) 7) 8) Potal. (Columnary)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue
otal. (Colum. Part IX 1) 2) 3) 4) 5) 6) 7) Part X 1) Federal 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo				(b) Book v	alue

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Net unrealized gains (losses) on investments 2a 624.567 Donated services and use of facilities 2b 6.629 b

Page 4

3,147,232

-16.901

3.269.135

2,729,671

6,629

2,723,042

2.723.042

Schedule D (Form 990) 2017

2c d 2d -770.000

2e -138.804е 3 3

3,286,036 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

2a

2h

2c

2d

4a

4b

Explanation

6.629

2e

3

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Other (Describe in Part XIII) 4h -16.901 b

Add lines 4a and 4b 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII)

Return Reference

See Additional Data Table

Schedule D (Form 990) 2017

Part XI

1

2

C

d

3

4

Add lines 2a through 2d . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . b

5

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Page 5		Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				
Schedule D (Form 990) 2017						

Additional Data

Software ID: Software Version:

EIN: 04-2024022

Name: New England Forestry Foundation Inc

Supplemental Information

Return Reference Explanation

impairment on the Foundation Forest is recorded

Part II, Line 3 The Foundation does not record revenue on donated easements. The purchase cost of easement s is expensed in the year of purchase. No balance sheet asset or liability is included for purchased or donated easements, however if an easement is placed on a Foundation Forest,

Supplemental Information	
Return Reference	Explanation
	The overall financial objective for the assets of the Endowment Fund is to provide support for both the operating budget and the needs of the restricted funds, while maintaining or increasing the purchasing power of the Fund

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	The Foundation is organized and operated exclusively for charitable and educational purpos es. Income related to these purposes is exempt from federal and state income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code. Unrelated business income would be taxable according to applicable Internal Revenue Code sections. The Foundation regularly reviews and evaluates its tax positions taken in its filed returns and recognizes the benefit from a tax position only if it is more likely than not that the position would be sustained upon audit based solely on the technical merits of the tax position. The Foundation accrues interest and penalties on uncertain tax positions as a component of the provision for income taxes. The Foundation files federal and Massachusetts tax returns. The statute of limitations for these jurisdictions are generally three years. The Foundation had no returns under examination as of April 30, 2017.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	IMPAIRMENT RECOGNIZED DUE TO CONSERVATION EASEMENT -770,000

S

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	net total change gains (losses)- financial statements presentation -16,901

S

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9327	8001	218
Sch	nedule J	С	ompensati	ion Information	OM	IB No	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						7
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at O		to Pul	
	ne of the organiz	<u>l</u> ation	<u>www.ii 3.</u>		Employer identificat	_		
New	England Forestry F	oundation Inc			04-2024022			
Pa	rt I Questi	ons Regarding Compens	ation		0+ 202+022			
	•	, , , , , , , , , ,					Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions		Payments for business use of perso				
	_	nification and gross-up paymen nary spending account	ts 🗀	Health or social club dues or initiati Personal services (e.g., maid, chau				
	Li Discrettor	iary spending account		Personal services (e g , maid, chau	reur, cher)			
b		xes in line 1a are checked, did all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	directors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked in line	: Id'			
3	organization's C	EO/Executive Director Check a	all that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant	\checkmark	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	rance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	uty-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related org					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Secti ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n [?]				6 a		No
b	Any related org					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. 1	50053T Schedule J	(Form	19901	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (E) Total of columns (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 ROBERT PERSCHEL 139,991 (i) 0 0 20,382 160,373 0 EXECUTIVE DIRECTOR 0 0 0 (ii)

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DL	N: 93	4932	7800	1218
Schedule L (Form 990 or 990	Complet	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	1S With Ir nswered "Yes c, or Form 99 h to Form 990	s" on Form 99 0-EZ, Part V, 0 or Form 99	90, Part IV, li , line 38a or 4 0-EZ.	ines 2 40b.					1545-	
Department of the Trea	asurv	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C)pen	to Pul	blic
Name of the org New England Fores								•	•	entifica			
Part I Exce	ss Benefit Trar	n sactions (s	ection 501(c)(3), section 5	501(c)(4), and	501(c)(29) o			4022 s only)				
Comp	lete if the organiza	tion answered								ne 40b	_		
1 (a) Name of disquali	fied person	(b)	Relationship be	tween disqual organization	lified person ai	nd		escript ansacti) Corre	
					n garrizacion			LI	ansacti	1011	Y	es	No
Part II Loa Con rep (a) Name of	ans to and/or I nplete if the organi orted an amount o (b) Relationship with organization	From Interestation answer n Form 990, P	ested Per red "Yes" or Part X, line S (d) Loan t	sons. n Form 990-EZ, 5, 6, or 22			90, Pai	In	(Appro boa	b, or if the by rd or nittee?	(anızatı i)Wrıttı reeme	en
			То	From			Yes	No	Yes	No	Yes	N	lo
Total				•	<u> </u>								
rotal		D	ina Inter	acted Derco	ne								
Part IIII Gra	nts or Assistar												
Part IIII Gra	nplete of the organication rested person (b)	anization ans	between n and the		990, Part IV,	(d) Type	of assı	stanc	e	(e) Pu	pose o	of assis	tance
Part IIII Gra	nplete of the organication rested person (b)	anization ans) Relationship erested persoi	between n and the	es" on Form 9	990, Part IV,		of assı	stanc	e	(e) Pu	pose c	of assis	tance
Con	nplete of the organication rested person (b)	anization ans) Relationship erested persoi	between n and the	es" on Form 9	990, Part IV,		of assi	stanc	e	(e) Pu	pose o	of assis	tance
Part IIII Gra	nplete of the organication rested person (b)	anization ans) Relationship erested persoi	between n and the	es" on Form 9	990, Part IV,		of assı	stanc	e	(e) Pu	pose o	of assis	tance

Complete if the organization	answered "Yes" on Forr	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Si organiz rever	f ation's
				Yes	No
(1) Landvest	Two current board members	11,718	Consulting and GIS work		No

Return Reference

Supplemental Information

Part V

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

Explanation

Schedule I (Form 990 or 990-F7) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349327	8001	218
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		ľ	ioncasii contii	bullons		20	1 7	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1/	'
		► Attach to Form							
	tment of the Treasury	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/form990	Open to		
	e of the organizat	I Ion				Employer identif			
	ingland Forestry Fou								
Da	rt I Types	of Property				04-2024022			
F (-	i iypes	or Property	(2)	(b)	(c)		(d)		
			(a) Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line	Method on noncash con	of determi		:s
1	Art—Works of art	t			1g				
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
_	3								
6 7	Cars and other v Boats and planes								
	Intellectual prope								
9	Securities—Public	,	X	10	133 975	FMV - Market Pri			
_	Securities—Close	•		10	233/37	THE HARREST IN			
	Securities—Partr	nership, LLC,							
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Hi structures	storic							
14	Qualified conserve contribution—Of								
15	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth		X	3	132,400	FMV - Appraised	Value		
18	Collectibles								
19 20	Food inventory								
21	Drugs and medic	.ai supplies .							
	Historical artifact	• • • • • • • • • •							
	Scientific specim								
	Archeological art								
	Other ► (
	Other ▶ (•							
27	Other ▶ (•							
28	Other ▶ ()							
29		,	_	ition during the tax year for 3, Part IV, Donee Acknowled		29			
_	_							Yes	No
30a	must hold for at	least three years fro	om the date	y contribution any property re e of the initial contribution, a	ind which is not required to	be used for exem	' I		l l
b	If "Yes," describ	e the arrangement i	n Part II				30a		No
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	of any nonstandard contri	butions?	31	Yes	
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh	32a		No
b	If "Yes," describ	e ın Part II							
	•	on did not report an	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
Eor D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadu	le M (Form	000)	(2017)

Schedule M (Form 990) (2017)	Page 2					
Part II Supplemental Info						
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.						
Return Reference	Explanation					
	Schedule M (Form 990) (2017)					

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLN	: 93493278001218
SCHEDULE O		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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is a www.irs.gov/form990.		90-F7	OMB No 1545-0047	
(Form 990 or 990- EZ) Department of the Treasury				ions on n.	2017 Open to Public Inspection	
Memal Revenue Cervice Name of the organization New England Forestry Foundation Inc				Employer identification number 04-2024022		
Return Reference	e O, Sup	plemental Informatio	n	Explanation		
Form 990, Part VI, Section B, Iine 11b	IRS Form 990 is provided to management and the board of directors prior to the annual boar dimeeting for review. Management and the finance committee have reviewed the IRS Form 990 prior to approval. The finance committee formally approves the IRS Form 990 prior to filin g.					

Return Explanation
Reference

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section B,
Ilict of interest he/she is required to disclose the conflict to the board

Form 990,
Section B,
Ilict of interest he/she is required to disclose the conflict to the board

Return Explanation
Reference

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15a

Employee compensation is determined by the executive committee of the board of directors b
ased on position requirements, qualifications, experience, and service Regionally appropr
iate comparability data is used in evaluating compensation

Return Explanation
Reference

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section C,
line 19

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Impairment Recognized due to Conservation Easement -770.001 Part XI, line

990 Schedule O. Supplemental Information Return Explanation Reference

Form 990,
Part XII, Line

New England Forestry Foundation's board of directors oversees the financial statement audit The board reviews the financial statements and formally approves them prior to filing