

**HUBBARD BROOK RESEARCH FOUNDATION, INC.**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2014 AND 2013**

*and*

**INDEPENDENT AUDITORS' REPORT**



Schiffman, Dattilio & Liepmann, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Hubbard Brook Research Foundation, Inc.

We have audited the accompanying financial statements of Hubbard Brook Research Foundation, Inc. (a New Hampshire nonprofit organization) which comprise the statement of financial position as of December 31, 2014 and 2013, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hubbard Brook Research Foundation, Inc. as of December 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matter**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Schiffman, Dattilio & Kiepmann, P.C.*

Lebanon, New Hampshire  
May 8, 2015

HUBBARD BROOK RESEARCH FOUNDATION, INC.

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2014 AND 2013

	2014	2013
<b>ASSETS</b>		
<b>Current assets:</b>		
Cash and cash equivalents	\$ 52,583	\$ 67,898
Cash and cash equivalents, restricted	72,815	20,138
Pledges receivable	5,840	21,703
Grants receivable	40,392	56,440
Other receivables	22,194	3,735
Prepaid expenses	2,772	1,171
Total current assets	<u>196,596</u>	<u>171,085</u>
<b>Property and equipment:</b>		
Buildings and improvements	1,937,003	1,929,421
Furniture and equipment	68,682	68,682
Land	470,200	470,200
	<u>2,475,885</u>	<u>2,468,303</u>
Less: accumulated depreciation	695,891	634,262
Total property and equipment	<u>1,779,994</u>	<u>1,834,041</u>
<b>Long-term pledges receivable</b>	<u>-</u>	<u>2,000</u>
Total assets	<u>\$ 1,976,590</u>	<u>\$ 2,007,126</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities:</b>		
Accounts payable and accrued liabilities	\$ 40,657	\$ 15,964
Deferred income	63,840	54,691
Current portion of long-term debt	16,274	15,581
Total current liabilities	<u>120,771</u>	<u>86,236</u>
<b>Long-term debt</b>	<u>421,446</u>	<u>468,788</u>
<b>Net assets:</b>		
Unrestricted	1,330,103	1,340,971
Temporarily restricted	104,270	111,131
Total net assets	<u>1,434,373</u>	<u>1,452,102</u>
Total liabilities and net assets	<u>\$ 1,976,590</u>	<u>\$ 2,007,126</u>

See independent auditors' report and notes to financial statements

HUBBARD BROOK RESEARCH FOUNDATION, INC.

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014			2013		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>REVENUE AND SUPPORT</b>						
Contributions and grants	\$ 380,960	\$ 104,742	\$ 485,702	\$ 259,842	\$ 172,523	\$ 432,365
Rental income	113,713	-	113,713	90,800	-	90,800
Consortium dues	77,500	-	77,500	67,500	-	67,500
Loss on investments	(362)	-	(362)	-	-	-
Other income	10,938	-	10,938	19,461	-	19,461
Total revenue and support	582,749	104,742	687,491	437,603	172,523	610,126
Net assets released from restrictions	111,603	(111,603)	-	249,607	(249,607)	-
<b>EXPENSES</b>						
Program costs:						
Facilities	213,129	-	213,129	205,665	-	205,665
Education	326,856	-	326,856	228,616	-	228,616
Total program costs	539,985	-	539,985	434,281	-	434,281
Supporting services expense:						
Management and general	149,084	-	149,084	185,813	-	185,813
Fundraising	16,151	-	16,151	9,137	-	9,137
Total supporting services	165,235	-	165,235	194,950	-	194,950
Total expenses	705,220	-	705,220	629,231	-	629,231
Change in net assets	(10,868)	(6,861)	(17,729)	57,979	(77,084)	(19,105)
Net assets, beginning of year	1,340,971	111,131	1,452,102	1,282,992	188,215	1,471,207
Net assets, end of year	\$ 1,330,103	\$ 104,270	\$ 1,434,373	\$ 1,340,971	\$ 111,131	\$ 1,452,102

See independent auditors' report and notes to financial statements

HUBBARD BROOK RESEARCH FOUNDATION, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ (17,729)	\$ (19,105)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	61,629	60,751
(Increase) decrease in the following assets:		
Pledges receivable	17,863	20,949
Grants receivable	16,048	(34,002)
Other receivables	(18,459)	(2,606)
Prepaid expenses	(1,601)	(59)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued liabilities	24,693	(5,139)
Deferred income	9,149	20,446
Accrued interest	693	15,581
Net cash provided by operating activities	<u>92,286</u>	<u>56,816</u>
<b>Cash flows from investing activities:</b>		
Acquisition of property and equipment	<u>(7,582)</u>	<u>(7,620)</u>
Net cash used in investing activities	<u>(7,582)</u>	<u>(7,620)</u>
<b>Cash flows from financing activities:</b>		
Payments on long-term debt	<u>(47,342)</u>	<u>(146,121)</u>
Net cash used in financing activities	<u>(47,342)</u>	<u>(146,121)</u>
<b>Net increase (decrease) in cash</b>	37,362	(96,925)
<b>Cash and cash equivalents, beginning of year</b>	<u>88,036</u>	<u>184,961</u>
<b>Cash and cash equivalents, end of year</b>	<u>\$ 125,398</u>	<u>\$ 88,036</u>
<b>Supplemental disclosures of cash flow information:</b>		
Cash paid during the year for:		
Interest	\$ 19,879	\$ 20,965

See independent auditors' report and notes to financial statements

# HUBBARD BROOK RESEARCH FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

### Note 1. Summary of significant accounting policies:

This summary of significant accounting policies of Hubbard Brook Research Foundation, Inc. (the Foundation) is presented to assist in understanding the Foundation's financial statements. The financial statements and notes are representations of the Foundation's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Nature of Organization – The Foundation is a New Hampshire nonprofit organization which promotes the understanding and stewardship of terrestrial and aquatic ecosystems through scientific research, long-term monitoring and public education.

Basis of presentation – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets, revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. If donor-imposed restrictions are met in the same period as the gift or income is received, the amount is reported as unrestricted revenues. Accordingly, net assets of the Foundation and changes therein are classified and reported as follows:

- Unrestricted net assets – net assets that are not subject to donor-imposed stipulations.
- Temporarily restricted net assets – net assets that are available for use, but subject to donor-imposed restrictions which will be met either by the Foundation's actions or the passage of time.
- Permanently restricted net assets – net assets subject to donor-imposed restrictions that they be maintained permanently by the Foundation. There are currently no permanently restricted net assets.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts and disclosures. Therefore, actual results could differ from those estimates.

Cash and cash equivalents – For purposes of the statements of cash flows, the Foundation considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Cash deposits with financial institutions – The Foundation maintains its cash and cash equivalents with financial institutions, which, at times may exceed federally insured limits. The Foundation has not experienced any losses on such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Fair value measurement – The Foundation's financial instruments consist primarily of cash, accounts receivable, pledges and grants receivable, and accounts payable. The carrying amounts of these financial instruments approximate their fair value due to the short-term nature of such instruments.

HUBBARD BROOK RESEARCH FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

**Note 1. Summary of significant accounting policies (continued):**

Pledges and promises to give – When a donor has unconditionally promised to contribute funds to the Foundation in future periods, the Foundation recognizes a pledge receivable. All pledges are available for unrestricted use unless specifically restricted by the donor. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Donated goods and services – Contributions of donated noncash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation are recorded at their fair values in the period received.

Grants receivable – Grants receivable represent amounts owed from various organizations as reimbursement of grant-related expenses. It includes both billed and un-billed receivables. Any amount that is denied for reimbursement is written off when the Foundation receives notification from the grantor agency. The Foundation considers grants receivable at December 31, 2014 and 2013, to be fully collectible; therefore, no allowance for doubtful accounts is required.

Property and equipment – Property and equipment are recorded at cost or, if donated, at the fair value at the date of donation. Depreciation is calculated using the straight-line method based on the assets' estimated useful lives, which range as follows:

	<u>Years</u>
Buildings and improvements	7 - 39
Furniture and equipment	3 - 5

Assets donated with explicit restrictions regarding their use, along with contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Foundation reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Foundation reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Costs of maintenance and repairs that do not improve or extend asset lives are charged to expense. Additions and betterments in excess of \$1,000 are capitalized. Depreciation expense was \$61,629 and \$60,751 for the years ended December 31, 2014 and 2013, respectively.

Income taxes – The Foundation was organized under Section 501(c)(3) of the United States Internal Revenue Code. This code section enables the Foundation to accept donations which qualify as charitable contributions to the donor. As such, no provisions for income taxes have been made in these financial statements. The Foundation is also exempt from New Hampshire business taxes.

Functional allocation of expenses – The costs of providing the various programs and activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.



HUBBARD BROOK RESEARCH FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

**Note 1. Summary of significant accounting policies (continued):**

Reclassifications – Certain amounts in the 2013 financial statements have been reclassified to conform to the current year's presentation. Such reclassifications had no effect on the reported change in net assets.

Subsequent events – Management has evaluated events occurring between the end of the most recent fiscal year and May 8, 2015, the date the financial statements were available to be issued.

**Note 2. Pledges receivable:**

Pledges receivable represent unconditional promises to give. No allowance for uncollectible pledges has been established as management believes that all pledges are fully collectible. Pledges receivable consist of the following at December 31:

	2014	2013
Expected future cash flow from:		
Annual fund pledges receivable	\$ 1,840	\$ 15,605
Mirror Lake Campaign pledges receivable	4,000	8,098
	<u>\$ 5,840</u>	<u>\$ 23,703</u>
Amounts due in:		
Less than one year	\$ 5,840	\$ 21,703
One to five years	-	2,000
	<u>\$ 5,840</u>	<u>\$ 23,703</u>

**Note 3. Long-term debt:**

The long-term debt balance consists of the following at December 31:

	2014	2013
4.36% mortgage payable due April 2023, payable monthly at \$3,033 including interest. Secured by a first mortgage on certain real estate of the Foundation.	\$ 437,720	\$ 484,369
Less: current portion	16,274	15,581
	<u>\$ 421,446</u>	<u>\$ 468,788</u>

HUBBARD BROOK RESEARCH FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

**Note 3. Long-term debt (continued):**

Maturities for the long-term debt in years subsequent to 2014 consist of:

2015	\$ 16,274
2016	16,998
2017	17,754
2018	18,544
2019	19,369
Thereafter	<u>348,781</u>
	<u>\$ 437,720</u>

**Note 4. Line of credit:**

The Foundation has available a line of credit in the amount of \$50,000 under an agreement with Ledyard National Bank. Principal is payable on demand. Interest is payable monthly at The Wall Street Journal prime rate plus one percentage point (4.25% at December 31, 2014). The line of credit is collateralized by substantially all business assets other than real estate mortgaged pursuant to a note payable. The balance on the line of credit was \$-0- as of December 31, 2014 and 2013.

**Note 5. Operating lease:**

The Foundation leases office facilities under an operating lease on a month to month basis. Total rent expense incurred in connection with this agreement was \$7,985 and \$5,100 in 2014 and 2013, respectively.

**Note 6. Temporarily restricted net assets:**

Net assets are temporarily restricted for the following at December 31:

	2014	2013
Program specific related restrictions:		
LTER Book Fund	\$ 61,778	\$ 25,420
NHTOA	1,500	-
Science Policy Exchange	-	24,907
Science Links Program	-	4,364
Time restrictions	<u>40,992</u>	<u>56,440</u>
	<u>\$ 104,270</u>	<u>\$ 111,131</u>

HUBBARD BROOK RESEARCH FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

**Note 6. Temporarily restricted net assets (continued):**

Net assets released from restrictions were as follows:

	2014	2013
Program specific related restrictions:		
LTER Book Fund	\$ 25,892	\$ 14,243
Science Policy Exchange	24,907	76,621
Science Links Program	4,364	33,093
Mirror Lake Campaign	-	125,650
Time restrictions	56,440	-
	<u>\$ 111,603</u>	<u>\$ 249,607</u>

Mirror Lake Campaign – Temporary restrictions on net assets at the end of 2012 included funds raised through the Mirror Lake Campaign, a drive to raise funds to reduce the long-term debt due on the Mirror Lake property. Cash and promises to give raised through the campaign were restricted to payment of the long-term debt secured by the land and buildings. These restrictions expired as payments were made.

**Note 7. Pension plan:**

The Foundation maintains a defined contribution retirement plan that covers all employees working at least half time. The Foundation matches employee contributions up to 4% of compensation. Pension expense was \$7,653 and \$6,813 for the years ended December 31, 2014 and 2013, respectively.

HUBBARD BROOK RESEARCH FOUNDATION, INC.

SCHEDULES OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2014

	Facilities	Education	Total Program Costs	Management and General	Fundraising	Total Supporting Services	2014 Totals
Salaries and wages	\$ 58,642	\$ 161,851	\$ 220,493	\$ 95,224	\$ 8,085	\$ 103,309	\$ 323,802
Professional fees	-	110,395	110,395	15,194	1,100	16,294	126,689
Depreciation	61,235	-	61,235	394	-	394	61,629
Payroll taxes and employee benefits	7,486	20,633	28,119	10,197	730	10,927	39,046
Utilities	26,669	1,545	28,214	1,780	-	1,780	29,994
Interest and fees	20,187	-	20,187	1,279	189	1,468	21,655
Repairs and maintenance	20,843	725	21,568	-	-	-	21,568
Travel	71	13,768	13,839	3,663	314	3,977	17,816
Meetings expense	35	6,326	6,361	7,305	2,052	9,357	15,718
Insurance	11,102	-	11,102	2,179	-	2,179	13,281
Supplies and materials	4,536	5,050	9,586	2,214	202	2,416	12,002
Rent	-	2,100	2,100	5,885	-	5,885	7,985
Printing and copying	-	3,484	3,484	50	2,395	2,445	5,929
Telephone	755	797	1,552	3,151	-	3,151	4,703
Postage and shipping	68	182	250	569	1,084	1,653	1,903
Town contributions	1,500	-	1,500	-	-	-	1,500
Total expenses	\$ 213,129	\$ 326,856	\$ 539,985	\$ 149,084	\$ 16,151	\$ 165,235	\$ 705,220

See independent auditors' report

HUBBARD BROOK RESEARCH FOUNDATION, INC.

SCHEDULE OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2013

	Facilities	Education	Total Program Costs	Management and General	Fundraising	Total Supporting Services	2013 Totals
Salaries and wages	\$ 56,452	\$ 115,596	\$ 172,048	\$ 94,332	\$ 2,657	\$ 96,989	\$ 269,037
Professional fees	-	77,563	77,563	22,560	498	23,058	100,621
Depreciation	60,259	-	60,259	492	-	492	60,751
Payroll taxes and employee benefits	7,221	21,988	29,209	18,011	856	18,867	48,076
Utilities	23,612	639	24,251	1,123	16	1,139	25,390
Interest and fees	21,396	-	21,396	833	34	867	22,263
Repairs and maintenance	16,397	-	16,397	-	-	-	16,397
Travel	67	5,274	5,341	2,542	-	2,542	7,883
Meetings expense	1,868	1,721	3,589	29,718	-	29,718	33,307
Insurance	9,353	-	9,353	6,237	-	6,237	15,590
Supplies and materials	3,233	2,645	5,878	3,204	28	3,232	9,110
Rent	-	2,100	2,100	3,175	-	3,175	5,275
Printing and copying	65	281	346	458	4,325	4,783	5,129
Telephone	742	766	1,508	2,305	-	2,305	3,813
Postage and shipping	-	43	43	823	723	1,546	1,589
Town contributions	5,000	-	5,000	-	-	-	5,000
Total expenses	\$ 205,665	\$ 228,616	\$ 434,281	\$ 185,813	\$ 9,137	\$ 194,950	\$ 629,231

See independent auditors' report

Schiffman, Dattilio & Liepmann, PC  
23 Bank Street, Lebanon, NH 03766  
Tel: 603-448-6655  
Fax: 603-448-6006

May 14, 2015

Hubbard Brook Research Foundation, Inc.  
P.O. Box 282  
North Woodstock, NH 03262

Dear David:

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2015.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

FORM 3115:

The original Form 3115 has been included with the electronic copy of the Federal income tax return. A copy should be signed and mailed to:

Internal Revenue Service  
1973 North Rulon White Blvd.  
Mail Stop 4917  
Ogden, UT 84201-1000

The Form 990 must be made available for a three year period beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS. We have enclosed a "public inspection" copy of Form 990 for this purpose. We would be happy to assist with questions about the public inspection requirements as they arise.

The filing of the New Hampshire Annual Report has been extended until the financial statements are available.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

A handwritten signature in cursive script that reads "Heidi St. Peter".

Heidi J. St. Peter, CPA

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private 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 [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection**A** For the 2014 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**HUBBARD BROOK RESEARCH FOUNDATION, INC.**

Doing business as

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

Room/suite

**P.O. BOX 282**

City or town, state or province, country, and ZIP or foreign postal code

**NORTH WOODSTOCK, NH 03262****F** Name and address of principal officer: **DAVID SLEEPER****MIRROR LAKE, NORTH WOODSTOCK, NH 03262****D** Employer identification number**02-0474938****E** Telephone number**802-432-1042****G** Gross receipts \$ **687,491.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HUBBARDBROOKFOUNDATION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1995** **M** State of legal domicile: **NH****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE UNDERSTANDING AND STEWARDSHIP OF ECOSYSTEMS THROUGH SCIENTIFIC RESEARCH, LONG-TERM</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 432,365.	Current Year 485,702.
	9	Program service revenue (Part VIII, line 2g)	168,930.	191,213.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61.	94.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,770.	10,482.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	610,126.	687,491.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	317,113.	362,848.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,151.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	312,118.	342,372.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	629,231.	705,220.
19		Revenue less expenses. Subtract line 18 from line 12	-19,105.	-17,729.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year 2,007,126.
	21	Total liabilities (Part X, line 26)	555,024.	542,217.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,452,102.	1,434,373.

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**DAVID SLEEPER, EXECUTIVE DIRECTOR**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

**HEIDI J. ST. PETER, CPA**

Preparer's signature

*Heidi St. Peter CPA*

Date

**5/14/15**Check ☐ if self-employed

PTIN

**P01381342**Firm's name ▶ **SCHIFFMAN, DATTILIO & LIEPMANN, PC**Firm's EIN ▶ **04-3340470**Firm's address ▶ **23 BANK STREET  
LEBANON, NH 03766**Phone no. **603-448-6655**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

**TO PROMOTE THE UNDERSTANDING AND STEWARDSHIP OF ECOSYSTEMS THROUGH SCIENTIFIC RESEARCH, LONG-TERM MONITORING AND EDUCATION, AND TO DEVELOP NEW INITIATIVES LINKING ECOSYSTEM SCIENCE AND PUBLIC POLICY.**

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **213,129.** including grants of \$ ) (Revenue \$ **113,713.**)

**THE FOUNDATION SUPPORTS PRINCIPAL INVESTIGATORS, PLUS ADDITIONAL FIELD TECHNICIANS AND STUDENTS, PARTICIPATING IN THE HUBBARD BROOK ECOSYSTEM STUDY BY PROVIDING FACILITIES AND OTHER INFRASTRUCTURE, INCLUDING HOUSING, LABORATORIES, STORAGE SPACE, A CLASSROOM, AND INTERNET ACCESSIBILITY.**

4b (Code: ) (Expenses \$ **154,504.** including grants of \$ ) (Revenue \$ **1,600.**)

**EDUCATIONAL PROGRAMS AT HUBBARD BROOK INCLUDE AN ENVIRONMENTAL LITERACY PROGRAM THAT INCLUDES TEACHER PROFESSIONAL DEVELOPMENT AND CURRICULUM DEVELOPMENT THAT FOCUSES ON DATA-INQUIRY ACTIVITIES AND MOCK EXAMS; A TEN-WEEK MENTORED RESEARCH EXPERIENCE FOR UNDERGRADUATES AND TEACHERS THAT ALLOWS STUDENTS TO WORK CLOSELY WITH SCIENTISTS WHILE CONDUCTING THEIR OWN ECOLOGICAL RESEARCH; AND TOURS OF THE HUBBARD BROOK EXPERIMENTAL FOREST FOR COLLEGE STUDENTS, HIGH SCHOOL GROUPS AND EDUCATORS, INTERNATIONAL GROUPS, AND OTHER MEMBERS OF THE PUBLIC. IN ADDITION, THE FOUNDATION MANAGES A CHILDRENS BOOK PROGRAM FOR THE NATIONAL SCIENCE FOUNDATIONS LONG-TERM ECOLOGICAL RESEARCH (LTER) PROGRAM.**

4c (Code: ) (Expenses \$ **172,352.** including grants of \$ ) (Revenue \$ )

**THE FOUNDATION IS AN INTERFACE ORGANIZATION THAT CONDUCTS SCIENCE & POLICY PROGRAMS TO DISSEMINATE RESEARCH INFORMATION ABOUT NORTHERN FOREST ECOSYSTEMS. IN 2014, THE FOUNDATION CONDUCTED PROJECTS ON THE FOLLOWING: WINTER CLIMATE CHANGE, INCLUDING PLANNING FOR A FACILITATED ROUNDTABLE WITH THE SNOWMOBILING COMMUNITY; A FOREST SCIENCE DIALOGUES PROJECT WITH STAKEHOLDERS AND SCIENTISTS; AND THE SCIENCE POLICY EXCHANGE, A POLICY AND OUTREACH COLLABORATIVE THAT INCLUDES FIVE RESEARCH ORGANIZATIONS IN ADDITION TO THE FOUNDATION, A SCIENCE LINKS BIRDS PROJECT WILL BE THE FOUNDATIONS KEY CONTRIBUTION TO THE EXCHANGE.**

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

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

4e Total program service expenses **539,985.**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	<b>X</b>

**Part 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	21	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	8	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... 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.	14	14		
b Enter the number of voting members included in line 1a, above, who are independent .....		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5			X
6 Did the organization have members or stockholders? .....	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body? .....	8a		X	
b Each committee with authority to act on behalf of the governing body? .....	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	9			X

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

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

**Section C. Disclosure**

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**BRENDA MCCARTNEY - 603-686-2815**  
**25 DOBSON HILL ROAD, THORNTON, NH 03223**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JOHN ABER TRUSTEE	1.00	X						0.	0.	0.
(2) DR. CHRISTOPHER C. BARTON TRUSTEE	1.00	X						0.	0.	0.
(3) DR. TIMOTHY J. FAHEY TRUSTEE	1.00	X						0.	0.	0.
(4) DR. STEVEN HAMBURG CHAIR	2.00	X						0.	0.	0.
(5) DR. PETER MARTIN VICE CHAIR	1.00	X						0.	0.	0.
(6) DR. GENE E. LIKENS TRUSTEE	1.00	X						0.	0.	0.
(7) MR. THOMAS F. GROSS TRUSTEE	1.00	X						0.	0.	0.
(8) MS. JANE E. S. SOKOLOW TRUSTEE	1.00	X						0.	0.	0.
(9) MR. STUART V. SMITH, JR. TREASURER	2.00	X						0.	0.	0.
(10) MR. STANTON WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(11) MR. NICHOLAS RODENHOUSE TRUSTEE	1.00	X						0.	0.	0.
(12) DR. PETER GROFFMAN TRUSTEE	1.00	X						0.	0.	0.
(13) DR. PAMELA TEMPLER TRUSTEE	1.00	X						0.	0.	0.
(14) MR. JOHN SMITKA SECRETARY	2.00	X						0.	0.	0.
(15) MS. HARRIET VAN VLECK TRUSTEE	1.00	X						0.	0.	0.
(16) MR. DAVID SLEEPER EXECUTIVE DIRECTOR	40.00			X				97,625.	0.	0.
(17) MS. BRENDA MCCARTNEY DIRECTOR OF FINANCE	16.00			X				33,280.	0.	0.



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e	371,581.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	114,121.				
	g	Noncash contributions included in lines 1a-1f: \$ .....		35,293.				
	h	<b>Total.</b> Add lines 1a-1f .....		485,702.				
<b>Program Service Revenue</b>	2 a	<b>FACILITY USE</b> .....	Business Code 541700	113,713.	113,713.			
	b	<b>CONSORTIUM INCOME</b> .....	541700	77,500.	77,500.			
	c	.....						
	d	.....						
	e	.....						
	f	All other program service revenue .....						
	g	<b>Total.</b> Add lines 2a-2f .....		191,213.				
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) .....		94.			94.
4		Income from investment of tax-exempt bond proceeds .....						
5		Royalties .....						
6 a		Gross rents .....	(i) Real	(ii) Personal				
		b	Less: rental expenses .....					
		c	Rental income or (loss) .....					
		d	Net rental income or (loss) .....					
7 a		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses .....					
		c	Gain or (loss) .....					
		d	Net gain or (loss) .....					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		b	Less: direct expenses .....	b				
		c	Net income or (loss) from fundraising events .....					
9 a		Gross income from gaming activities. See Part IV, line 19 .....	a					
		b	Less: direct expenses .....	b				
		c	Net income or (loss) from gaming activities .....					
10 a		Gross sales of inventory, less returns and allowances .....	a					
		b	Less: cost of goods sold .....	b				
		c	Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b> .....			Business Code					
11 a	<b>OTHER INCOME</b> .....	900099	10,482.	10,482.				
b	.....							
c	.....							
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....		10,482.					
12	<b>Total revenue.</b> See instructions. ....		687,491.	201,695.	0.	94.		



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,905.	51,808.	79,097.	
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	192,897.	168,685.	16,127.	8,085.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,653.	5,718.	1,922.	13.
9 Other employee benefits	6,874.	5,678.	1,083.	113.
10 Payroll taxes	24,519.	16,723.	7,192.	604.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,402.		14,402.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	112,287.	110,395.	792.	1,100.
12 Advertising and promotion	12,535.	5,286.	3,770.	3,479.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	39,479.	31,814.	7,665.	
17 Travel	17,816.	13,839.	3,663.	314.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,718.	6,361.	7,305.	2,052.
20 Interest	21,655.	20,187.	1,279.	189.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,629.	61,235.	394.	
23 Insurance	13,281.	11,102.	2,179.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>REPAIRS AND MAINTENANCE</b>	21,568.	21,568.		
b <b>SUPPLIES AND MATERIALS</b>	12,002.	9,586.	2,214.	202.
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	705,220.	539,985.	149,084.	16,151.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	26,989.	1	52,583.
	2 Savings and temporary cash investments .....	61,047.	2	72,815.
	3 Pledges and grants receivable, net .....	80,143.	3	46,232.
	4 Accounts receivable, net .....	3,735.	4	22,194.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	1,171.	9	2,772.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,475,885.		
	b Less: accumulated depreciation .....	10b 695,891.	10c	1,779,994.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,007,126.	16	1,976,590.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	15,964.	17	40,657.
	18 Grants payable .....		18	
	19 Deferred revenue .....	54,691.	19	63,840.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	484,369.	23	437,720.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	555,024.	26	542,217.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	1,340,971.	27	1,330,103.
	28 Temporarily restricted net assets .....	111,131.	28	104,270.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	1,452,102.	33	1,434,373.	
34 <b>Total liabilities and net assets/fund balances</b> .....	2,007,126.	34	1,976,590.	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	687,491.
2	Total expenses (must equal Part IX, column (A), line 25)	2	705,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,452,102.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,434,373.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2014)

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

# 2014

**Open to Public Inspection**

Name of the organization

HUBBARD BROOK RESEARCH FOUNDATION, INC.

Employer identification number

02-0474938

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

**g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**Total**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	486,178.	461,933.	721,532.	432,365.	485,702.	2,587,710.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	486,178.	461,933.	721,532.	432,365.	485,702.	2,587,710.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						151,481.
6 <b>Public support.</b> Subtract line 5 from line 4.						2,436,229.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 .....	486,178.	461,933.	721,532.	432,365.	485,702.	2,587,710.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	147.	65.	42.	61.	94.	409.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	146,923.	165,801.	160,360.	177,700.	201,695.	852,479.
11 <b>Total support.</b> Add lines 7 through 10						3,440,598.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	70.81	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	71.63	%
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported 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 amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.	<b>1</b>	
<b>2</b> 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.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).	<b>1</b>	

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3</b> 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.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.	<b>2a</b>		
<b>b</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.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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.	<b>3a</b>		
<b>b</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.	<b>3b</b>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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-integrated Type III supporting organization (see instructions).

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

Employer identification number

HUBBARD BROOK RESEARCH FOUNDATION, INC.

02-0474938

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

**HUBBARD BROOK RESEARCH FOUNDATION, INC.****02-0474938****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>ANONYMOUS</u> <u>C/O PO BOX 282</u> <u>NORTH WOODSTOCK, NH 03262</u>	\$ <u>9,901.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>ANONYMOUS</u> <u>C/O PO BOX 282</u> <u>NORTH WOODSTOCK, NH 03262</u>	\$ <u>25,392.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**HUBBARD BROOK RESEARCH FOUNDATION, INC.****02-0474938****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>111 SHS PROCTER &amp; GAMBLE CO</u> _____ _____	\$ <u>9,901.</u>	<u>12/15/14</u>
<u>2</u>	<u>308 SHS PROCTER &amp; GAMBLE CO</u> _____ _____	\$ <u>25,392.</u>	<u>04/29/14</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

**HUBBARD BROOK RESEARCH FOUNDATION, INC.****02-0474938****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

HUBBARD BROOK RESEARCH FOUNDATION, INC.

Employer identification number

02-0474938

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

4 Number of states where property subject to conservation easement is located ▶ 1

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 ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1 ..... ▶ \$ .....
- (ii) Assets included in Form 990, Part X ..... ▶ \$ .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 ..... ▶ \$ .....
- b Assets included in Form 990, Part X ..... ▶ \$ .....

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		470,200.		470,200.
b Buildings		1,937,003.	627,505.	1,309,498.
c Leasehold improvements				
d Equipment				
e Other		68,682.	68,386.	296.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,779,994.

Schedule D (Form 990) 2014

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

**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.

**PART II, LINE 5:**

THE EASEMENT HELD IS NOT ACCOUNTED FOR IN THE FOUNDATION'S FINANCIAL STATEMENTS; THE EASEMENT PROTECTS THE SCIENTIFIC INTEGRITY OF WATER QUALITY RESEARCH CONDUCTED AT MIRROR LAKE.

**PART II, LINE 9:**

MONITORING IS ACCOMPLISHED VIA SITE INSPECTIONS PERFORMED ON A REGULAR BASIS THROUGHOUT THE YEAR.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HUBBARD BROOK RESEARCH FOUNDATION, INC.**

Employer identification number

**02-0474938**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	35,293.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which is not required to be used for  
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) (2014)

## Part II

**Supplemental Information.** 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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

HUBBARD BROOK RESEARCH FOUNDATION, INC.

Employer identification number

02-0474938

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

MONITORING AND EDUCATION, AND TO DEVELOP NEW INITIATIVES LINKING  
ECOSYSTEM SCIENCE AND PUBLIC POLICY.

FORM 990, PART VI, SECTION B, LINE 11:

LINE 11A EXPLANATION - THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE  
PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS COMPLETE A DISCLOSURE FORM ANNUALLY. THE FORMS ARE  
REVIEWED AND RETAINED BY MANAGEMENT.

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

THE BOARD REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY PRIOR  
TO DETERMINING HIS COMPENSATION. THE COMPENSATION DECISION IS DOCUMENTED  
IN THE ANNUAL BUDGET REPORT WHICH IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES: OTHER :

PROGRAM SERVICE EXPENSES 110,395.

MANAGEMENT AND GENERAL EXPENSES 792.

FUNDRAISING EXPENSES 1,100.

Name of the organization

HUBBARD BROOK RESEARCH FOUNDATION, INC.

Employer identification number

02-0474938

TOTAL EXPENSES 112,287.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 112,287.



STMT 2 STMT 3 STMT 4  
**Application for Change in Accounting Method**

OMB No. 1545-0152

Name of filer (name of parent corporation if a consolidated group) (see instructions)		Identification number (see instructions) <b>02-0474938</b>	
Principal business activity code number (see instructions) <b>541700</b>		Tax year of change begins (MM/DD/YYYY) <b>01/01/2014</b>	
Tax year of change ends (MM/DD/YYYY) <b>12/31/2014</b>		Name of contact person (see instructions)	
Number, street, and room or suite no. If a P.O. box, see the instructions. <b>P.O. BOX 282</b>		Contact person's telephone number	
City or town, state, and ZIP code <b>NORTH WOODSTOCK, NH 03262</b>			
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)			

If the applicant is a member of a consolidated group, check this box ☐  
If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box ☐

<b>Check the box to indicate the type of applicant.</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter Code section <b>501(C)(3)</b>	<b>Check the appropriate box to indicate the type of accounting method change being requested. (see instructions)</b> <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input checked="" type="checkbox"/> Other (specify) <b>MULTI AUTO CHNG RQST</b>
--	--

**Caution.** To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I	Information For Automatic Change Request	Yes	No
1	Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. ► (a) Change No. _____ (b) Other <input checked="" type="checkbox"/> Description ► <b>STMT 1</b>		
2	Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation		

**Note.** Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).

Part II	Information For All Requests	Yes	No
3	Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		<input checked="" type="checkbox"/>
4a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If "No," go to line 5.		<input checked="" type="checkbox"/>
b	Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		

**Signature (see instructions)**

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

**Filer**

**Preparer (other than filer/applicant)**

Signature and date  
**DAVID SLEEPER, EXECUTIVE DIRECTOR**  
Name and title (print or type)

Signature of individual preparing the application and date  
**HEIDI J. ST. PETER, CPA**  
Name of individual preparing the application (print or type)

**SCHIFFMAN, DATTILIO & LIEPMANN, PC**  
Name of firm preparing the application

**Part II** Information For All Requests (continued)

Yes No

<b>4c</b>	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		
<b>d</b>	Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director.		
<b>e</b>	Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). <input type="checkbox"/> 90 day <input type="checkbox"/> 120 day: Date examination ended ▶		
<b>f</b>	If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ▶ Telephone no. ▶ Tax year(s) ▶		
<b>g</b>	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
<b>5a</b>	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court. Name ▶ Telephone no. ▶ Tax year(s) ▶		X
<b>b</b>	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		
<b>c</b>	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? If "Yes," attach an explanation.		X
<b>6</b>	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.		
<b>7</b>	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? If "Yes," the applicant is not eligible to make the change.		X
<b>8a</b>	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		X
<b>b</b>	If "Yes," attach an explanation.		
<b>9a</b>	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?		X
<b>b</b>	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
<b>c</b>	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
<b>10a</b>	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
<b>b</b>	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s).		
<b>11</b>	Is the applicant requesting to change its overall method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form.  Present method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description) Proposed method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		

<b>Part II</b> Information For All Requests (continued)	Yes	No						
<b>12</b> If the applicant is either (i) <b>not</b> changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following: <ul style="list-style-type: none"> <li>a The item(s) being changed.</li> <li>b The applicant's present method for the item(s) being changed.</li> <li>c The applicant's proposed method for the item(s) being changed.</li> <li>d The applicant's present overall method of accounting (cash, accrual, or hybrid).</li> </ul>								
<b>13</b> Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. <p style="text-align: right;"><b>SEE STATEMENT 6</b></p>								
<b>14</b> Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions ..... If "No," attach an explanation.								
<b>15a</b> Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? .....								
<b>b</b> If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.								
<b>16</b> Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? .....		<b>X</b>						
<b>17</b> If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">1st preceding year ended: mo.                      yr.</td> <td style="width: 33%; border-bottom: 1px solid black;">2nd preceding year ended: mo.                      yr.</td> <td style="width: 33%; border-bottom: 1px solid black;">3rd preceding year ended: mo.                      yr.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table>	1st preceding year ended: mo.                      yr.	2nd preceding year ended: mo.                      yr.	3rd preceding year ended: mo.                      yr.	\$	\$	\$		
1st preceding year ended: mo.                      yr.	2nd preceding year ended: mo.                      yr.	3rd preceding year ended: mo.                      yr.						
\$	\$	\$						

<b>Part III</b> Information For Advance Consent Request	Yes	No
<b>18</b> Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? ..... If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.		
<b>19</b> Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
<b>20</b> Attach a copy of all documents related to the proposed change (see instructions).		
<b>21</b> Attach a statement of the applicant's reasons for the proposed change.		
<b>22</b> If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? ..... If "No," attach an explanation.		
<b>23a</b> Enter the amount of <b>user fee</b> attached to this application (see instructions). ► \$ _____		
<b>b</b> If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).		

<b>Part IV</b> Section 481(a) Adjustment	Yes	No
<b>24</b> Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? ..... If "Yes," do not complete lines 25, 26, and 27 below.		
<b>25</b> Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ► \$ <u>0</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant. <p style="text-align: right;"><b>SEE STATEMENT 5</b></p>		

	<b>Part IV Section 481(a) Adjustment</b> (continued)	<b>Yes</b>	<b>No</b>
<b>26</b>	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change? .....		
<b>27</b>	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? .....		
	If "Yes," attach an explanation.		

**Schedule A - Change in Overall Method of Accounting** (If Schedule A applies, Part I below must be completed.)

	<b>Part I Change in Overall Method</b> (see instructions)	
<b>1</b>	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.	
		<b>Amount</b>
<b>a</b>	Income accrued but not received (such as accounts receivable) .....	\$
<b>b</b>	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method .....	
<b>c</b>	Expenses accrued but not paid (such as accounts payable) .....	
<b>d</b>	Prepaid expenses previously deducted .....	
<b>e</b>	Supplies on hand previously deducted and/or not previously reported .....	
<b>f</b>	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II .....	
<b>g</b>	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶ .....	
<b>h</b>	<b>Net section 481(a) adjustment</b> (Combine lines 1a -1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25 .....	\$
<b>2</b>	Is the applicant also requesting the recurring item exception under section 461(h)(3)? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>3</b>	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.	

	<b>Part II Change to the Cash Method For Advance Consent Request</b> (see instructions)
Applicants requesting a change to the cash method must attach the following information:	
<b>1</b>	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
<b>2</b>	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

**Schedule B - Change to the Deferral Method for Advance Payments** (see instructions)

<b>1</b>	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
<b>a</b>	A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
<b>b</b>	If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
<b>c</b>	If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
<b>2</b>	If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.
<b>a</b>	A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
<b>b</b>	A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
<b>c</b>	A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
<b>d</b>	A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

**Schedule C - Changes Within the LIFO Inventory Method** (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
  - a** Valuing inventory (e.g., unit method or dollar-value method).
  - b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
  - c** Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
  - d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

**Part II Change in Pooling Inventories**

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
  - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
  - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
  - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
  - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
  - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
  - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
  - g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3** If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4** If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

**Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other**  
**Section 263A Assets** (see instructions)

**Part I Change in Reporting Income From Long-Term Contracts** (Also complete Part III on pages 7 and 8.)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
- 2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? ☐ Yes ☐ No
- b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ☐ Yes ☐ No  
If line 2b is "No," attach an explanation.
- c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? ☐ Yes ☐ No
- d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? ☐ Yes ☐ No  
If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor.  
If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use.
- 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No
- b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
- c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
- 4 To determine a contract's completion factor using the percentage-of-completion method:
- a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? ☐ Yes ☐ No
- b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? ☐ Yes ☐ No
- 5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

**Part II Change in Valuing Inventories Including Cost Allocation Changes** (Also complete Part III on pages 7 and 8.)

- 1 Attach a description of the inventory goods being changed.
- 2 Attach a description of the inventory goods (if any) NOT being changed.
- 3a Is the applicant subject to section 263A? If "No," go to line 4a ☐ Yes ☐ No
- b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? ☐ Yes ☐ No  
If "No," attach a detailed explanation

**4a Check the appropriate boxes below.**
**Identification methods:**

- Specific identification .....
- FIFO .....
- LIFO .....
- Other (attach explanation) .....

**Valuation methods:**

- Cost .....
- Cost or market, whichever is lower .....
- Retail cost .....
- Retail, lower of cost or market .....
- Other (attach explanation) .....

**b Enter the value at the end of the tax year preceding the year of change**
**5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).**

- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- b **Only for applicants requesting advance consent.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- c **Only for applicants requesting an automatic change.** The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

Inventory Being Changed		Inventory Not Being Changed
Present method	Proposed method	Present method

**Part III Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

**Section A - Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

**Section B - Direct and Indirect Costs Required To Be Allocated**

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material .....		
2 Direct labor .....		
3 Indirect labor .....		
4 Officers' compensation (not including selling activities) .....		
5 Pension and other related costs .....		
6 Employee benefits .....		
7 Indirect materials and supplies .....		
8 Purchasing costs .....		
9 Handling, processing, assembly, and repackaging costs .....		
10 Offsite storage and warehousing costs .....		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle .....		
12 Depletion .....		
13 Rent .....		
14 Taxes other than state, local, and foreign income taxes .....		
15 Insurance .....		
16 Utilities .....		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity .....		
18 Engineering and design costs (not including section 174 research and experimental expenses) .....		
19 Rework labor, scrap, and spoilage .....		
20 Tools and equipment .....		
21 Quality control and inspection .....		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant .....		
23 Licensing and franchise costs .....		
24 Capitalizable service costs (including mixed service costs) .....		
25 Administrative costs (not including any costs of selling or any return on capital) .....		
26 Research and experimental expenses attributable to long-term contracts .....		
27 Interest .....		
28 Other costs (Attach a list of these costs.) .....		

**Part III Method of Cost Allocation** (see instructions) (continued)

**Section C - Other Costs Not Required To Be Allocated** (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses .....		
2 Research and experimental expenses not included in Section B, line 26 .....		
3 Bidding expenses not included in Section B, line 22 .....		
4 General and administrative costs not included in Section B .....		
5 Income taxes .....		
6 Cost of strikes .....		
7 Warranty and product liability costs .....		
8 Section 179 costs .....		
9 On-site storage .....		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 .....		
11 Other costs (Attach a list of these costs.) .....		

**Schedule E - Change in Depreciation or Amortization** (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants **must** provide this information for each item or class of property for which a change is requested.

**Note.** See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instr.).

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes ☐ No  
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? ☐ Yes ☐ No  
If "Yes," enter the applicable section ► \_\_\_\_\_
- 3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? ☐ Yes ☐ No  
If "Yes," state the election made ► \_\_\_\_\_
- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
  - b If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No
  - c Is the property public utility property? ☐ Yes ☐ No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
  - a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).
  - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
  - c The facts to support the asset class for the proposed method.
  - d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
  - e The useful life, recovery period, or amortization period of the property.
  - f The applicable convention of the property.
  - g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.



FORM 3115	REQUESTED DESIGNATED ACCOUNTING METHOD CHANGE NUMBERS	STATEMENT 1
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## CHANGE NUMBERS ON PART I, LINE 1A

184,186,192

FORM 3115	EXPLANATION	STATEMENT 2
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FORM 3115, PART II LINE 12

DCN - 184 - AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER

DESCRIPTION OF ITEM WHEN OVERALL METHOD OF ACCOUNTING IS NOT BEING  
CHANGED, OR WHEN OVERALL METHOD IS BEING CHANGED AND ALSO CHANGING TO A  
SPECIAL METHOD

ITEM BEING  
CHANGED:

- REPAIRS AND MAINTENANCE EXPENSE ACCOUNT
- CAPITALIZED IMPROVEMENTS

NO IDENTIFICATIONS OF UNITS OF PROPERTY ARE BEING  
CHANGED UNDER SECTION 1.263(A)-3(E).

PRESENT METHOD:

--REPAIRS AND MAINTENANCE EXPENSE ACCOUNT--  
COST OF INCIDENTAL REPAIRS WHICH NEITHER MATERIALLY  
ADD TO THE VALUE OF A PROPERTY NOR APPRECIABLY  
PROLONG ITS LIFE, BUT KEEP A PROPERTY IN AN ORDINARILY  
EFFICIENT OPERATING CONDITION, ARE DEDUCTED PER  
FORMER TREAS. REG. SECTION 1.162-4.

--CAPITALIZED IMPROVEMENTS--  
REPAIRS IN THE NATURE OF REPLACEMENTS, TO THE  
EXTENT THAT THEY ARREST DETERIORATION AND  
APPRECIABLY PROLONG THE LIFE OF A PROPERTY, ARE  
CAPITALIZED PER PREVIOUS TREAS. REG. SECTION 1.162-4.

PROPOSED METHOD:

--REPAIRS AND MAINTENANCE EXPENSE ACCOUNT--  
DEDUCTING REPAIRS COSTS IN ACCORDANCE WITH TREAS.  
REG. SECTION 1.162-4.

DEDUCTING ROUTINE MAINTENANCE COSTS WHICH FALL  
UNDER THE NEW SAFE HARBOR RULES FOR ROUTINE  
MAINTENANCE DESCRIBED IN TREAS. REG. SECTION  
1.263(A)-3(I).

DEDUCTING COSTS FOR REPAIR, MAINTENANCE, IMPROVEMENTS AND SIMILAR ACTIVITIES PERFORMED ON ELIGIBLE BUILDINGS WHEN SUCH TREATMENT IS PERMISSIBLE UNDER THE NEW SAFE HARBOR RULES FOR SMALL TAXPAYERS DESCRIBED IN TREAS. REG. SECTION 1.263(A)-3(H).

--CAPITALIZED IMPROVEMENTS--  
ADOPTING THE NEW CAPITALIZATION RULES FOR IMPROVING TANGIBLE PROPERTY DESCRIBED IN TREAS. REG. SECTION 1.263(A)-3, EXCEPT IN SUCH CIRCUMSTANCES WHERE THE COSTS MAY BE TREATED UNDER THE RULES DESCRIBED IN

TREAS. REG. SECTION 1.263(A)-3(H) (SAFE HARBOR FOR SMALL TAXPAYERS).

MORE SPECIFICALLY:

- CHANGE TO CAPITALIZING COSTS FOR BETTERMENTS, IMPROVEMENTS, AND RESTORATION COSTS WHEN SUCH COSTS DO NOT FALL UNDER THE SAFE HARBOR FOR SMALL TAXPAYERS [SECTION 1.263(A)-3].
- CHANGE TO DEDUCTING CERTAIN COSTS FOR BUILDING PROPERTY WHEN SUCH TREATMENT IS PERMISSIBLE UNDER THE SAFE HARBOR FOR SMALL TAXPAYERS [SECTION 1.263(A)-3(H)].

PRESENT OVERALL  
ACCOUNTING  
METHOD:

ACCRUAL

FORM 3115	EXPLANATION	STATEMENT	3
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FORM 3115, PART II, LINE 12

DCN - 186 - AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER

DESCRIPTION OF ITEM WHEN OVERALL METHOD OF ACCOUNTING IS NOT BEING CHANGED, OR WHEN OVERALL METHOD IS BEING CHANGED AND ALSO CHANGING TO A SPECIAL METHOD

ITEM BEING  
CHANGED:

MATERIALS AND SUPPLIES

NO IDENTIFICATIONS OF UNITS OF PROPERTY ARE BEING CHANGED UNDER SECTION 1.263(A)-3(E).

PRESENT METHOD:

IN GENERAL, AMOUNTS PAID FOR TANGIBLE ASSETS ARE DEDUCTED:

- WHEN THE LIFE OF THE ASSET IS EXPECTED TO BE ONE YEAR OR LESS.
- WHEN THE AMOUNT PAID FOR THE PROPERTY MAY BE PROPERLY EXPENSED UNDER IRC SECTION 179.

## PROPOSED METHOD:

CHANGE TO DEDUCTING NON-INCIDENTAL MATERIALS AND SUPPLIES WHEN USED OR CONSUMED.  
[SECTIONS 1.162-3(A)(1), (C)(1)].

PRESENT OVERALL  
ACCOUNTING  
METHOD:

ACCRUAL

FORM 3115	EXPLANATION	STATEMENT	4
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FORM 3115, PART II, LINE 12

DCN - 192 - AUTOMATIC ACCOUNTING METHOD CHANGE NUMBER

DESCRIPTION OF ITEM WHEN OVERALL METHOD OF ACCOUNTING IS NOT BEING CHANGED, OR WHEN OVERALL METHOD IS BEING CHANGED AND ALSO CHANGING TO A SPECIAL METHOD.

ITEM BEING  
CHANGED:

FIXED ASSETS ACQUIRED OR PRODUCED

NO IDENTIFICATIONS OF UNITS OF PROPERTY ARE BEING CHANGED UNDER SECTION 1.263(A)-3(E).

## PRESENT METHOD:

IN GENERAL, AMOUNTS PAID FOR TANGIBLE ASSETS ARE CAPITALIZED AS FIXED ASSETS.

AMOUNTS PAID FOR TANGIBLE ASSETS ARE DEDUCTED:  
- WHEN THE LIFE OF THE ASSET IS EXPECTED TO BE ONE YEAR OR LESS.  
- WHEN THE AMOUNT PAID FOR THE PROPERTY MAY BE PROPERLY EXPENSED UNDER IRC SECTION 179.

## PROPOSED METHOD:

CHANGE TO CAPITALIZING ACQUISITION OR PRODUCTION COSTS AND, IF DEPRECIABLE, TO DEPRECIATING SUCH PROPERTY UNDER SECTION 167 OR SECTION 168 [SECTION 1.263(A)-2].

PRESENT OVERALL  
ACCOUNTING  
METHOD:

ACCRUAL

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FORM 3115	PART IV - SECTION 481(A) ADJUSTMENT	STATEMENT	5
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LINE	DESCRIPTION OR EXPLANATION
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25	TAXPAYER BELIEVES THERE IS NO SECTION 481 ADJUSTMENT DUE TO EXTENSIVE PAST USE OF SECTION 179 DEDUCTION AND BONUS DEPRECIATION DEDUCTION TO EXPENSE THE COST OF ACQUIRED, PRODUCED, OR IMPROVED PROPERTY. TAXPAYER HAS NO CAPITALIZED COSTS THAT WOULD BE DEDUCTIBLE UNDER PROPOSED ACCOUNTING METHOD.
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FORM 3115	TRADE OR BUSINESS INFORMATION	STATEMENT	6
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DESCRIPTION	BUS. CODE	ACCT SEP.	GOODS & SERVICES	METHOD OF ACCOUNTING	REQ CHNG
ECOSYSTEMS	541700		RESEARCH AND EDUCATION	ACCRUAL	Y

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

**2014**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**HUBBARD BROOK RESEARCH FOUNDATION, INC.****02-0474938**

Name and title of officer

**DAVID SLEEPER****EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <b>687,491.</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b .....
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b .....
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b .....
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b .....

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **SCHIFFMAN, DATTILIO & LIEPMANN, PC** to enter my PIN **83052**  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**02091840470**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *David S. Peter CPA* Date ▶ 5/14/15**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

Office of the New Hampshire Attorney General Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397

**ANNUAL FILING FEE: \$75.00**

Make check payable to:  
State of New Hampshire

**ANNUAL REPORT CERTIFICATE**

Hubbard Brook Research Foundation, Inc.		12/31/2014	
Organization Name Brenda McCartney, Director of Finance		Fiscal Year End 215386	
In Care of P.O. Box 282	North Woodstock	State Registration # NH	03262
Address	City	State	Zip

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Signature of  
PRESIDENT, TREASURER OR TRUSTEE

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print or Type) Name of Officer/Trustee

\_\_\_\_\_  
Title

**THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE.** (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF

COUNTY OF

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_\_  
Notary Public

**OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL**  
**CHARITABLE TRUSTS UNIT**  
33 Capitol Street, Concord, NH 03301-6397

**MUST BE COMPLETED**  
**AND ATTACHED TO FILING**

**APPENDIX TO ANNUAL REPORT**

Name of Organization: Hubbard Brook Research Foundation, Inc.

1. Is there currently a conflict of interest policy in effect? Yes \_\_\_\_\_ No \_\_\_\_\_  
**A Conflict of Interest Policy is required by law. (see RSA 7:19, II)**

**If No**, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): \_\_\_\_\_

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a) Yes \_\_\_\_\_  
No \_\_\_\_\_

**If Yes**, complete the following:

- A. Was any real estate transaction involved? Yes \_\_\_\_\_ No \_\_\_\_\_

- B. Was a loan made to any director, officer or trustee? Yes \_\_\_\_\_ No \_\_\_\_\_

- C. Was a pecuniary benefit paid in excess of \$500? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If Yes**, attach copy of Meeting Minutes.

- D. Was a pecuniary benefit paid in excess of \$5,000? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes**, attach a copy of each of the following:

- \* Public Notice made pursuant to RSA 7:19-a, II (d)
- \* Meeting Minutes
- \* Employment Contract

- E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

**NOTE:** The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

**Hubbard Brook Research Foundation, Inc.**

**Board of Trustees**

**Year Ended December 31, 2014**

<u><b>Name</b></u>	<u><b>Address</b></u>	<u><b>Daytime Phone #</b></u>	<u><b>Officer</b></u>
John Aber	4 Sumac Lane, Durham, NH 03824	(603) 862-3045	
Christopher Barton	P.O. Box 382, Bellbrook, OH 45305	(937) 775-3444	
Timothy J. Fahey	59 Mill Street, Dryden, NY 13053	(607) 255-5470	
Peter Groffman	60 Maple Avenue, Millbrook, NY 12545	(845) 677-7600 ext 128	
Thomas Gross	496 Potter Road, Center Conway, NH 03813	(603) 447-5048	
Steven Hamburg	110 Lloyd Avenue, Providence, RI 02906	(401) 453-0437	Chairman
Gene E. Likens	88 Ridge Road, Clinton Corners, NY 12514	(845) 266-8845	
Peter Martin	285 Grantham Mountain Road, Meriden, NH 03770	(603) 469-3260	Vice-Chairman
Nicholas Rodenhouse	16 Morse Road, Sherborn, MA 01770-1520	(781) 283-3557	
Jane E. S. Sokolow	2 Spaulding Lane, Riverdale, NY 10471	(718) 548-8090	
Mike Smith	70 Lamphere Road, Lyme, NH 03768	(603) 795-3166	Treasurer
John Smitka	4 Highland Road, Wellesley, MA 02482-4705	(617) 607-3224	Secretary
Pamela Templer	119 Fuller Street #1, Brookline, MA 02446	(617) 353-6978	
Stanton Williams	256 Tucker Hill Road, Norwich, VT 05055	(802) 649-1719	