

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

Open to Public

OMB No 1545-0047

Inten	_	ue Service			nay have to use a t	opy or this return	1103	ausiy s	tate rep	Joining i	equilernents		inspecti	on	
<u>A</u> _	For th	e 2009 cai		r, or tax year beg					, and e						
В	Check if a	pplicable	Please use IRS	C Name of organization	Southea Southea	st Land Trust of	of Ne	w Han	npshire	e	D Employer	identifica	tion number		
\square	Address	change	label or	Doing Business /	∖ s			_			02-0355374				
	Name ch	nange	print or type.	Number and stre	et (or P O box if mail is	not delivered to st	reet a	iddress)	Ro	om/suite	E Telephone	number			
	nıtıal ret	um		12 Center Stree	t, 2nd Floor, PO E	3ox 675					(603) 778-6	088			
\square	Terminal	ted	Specific		e or country, and ZIP +										
\Box	Amende	d return	instruc- tions.	Exeter		NH		03	833		G Gross rece	pts \$		855,070	
\square	Applicati	on pending			of principal officer					H(a) Is	this a amus matur				
					rfields Road, Exet	or NIL 02022							一	F	
	•					7		1		1	e all affiliates inc		Ye	s No	
		mpt status	 _		(insert no)	4947(a)(1) or		527		↓ "	'No," attach a list	(see insi	uucuons)		
<u>J V</u>	Vebsite	<u>e: ▶ www</u>	w.seltnh.o							H(c) Gn	oup exemption n	umber 🕨	<u> </u>		
KF	orm of o	rganization	X Corp	oration Trus	t Association	Other ▶			L Yea	r of forma	tton 1980	M Star	te of legal domici	le NH	
P	art l	Sur	mmary												
	1	Briefly d	escribe th	e organization's	mission or most	significant act	vitie	s: To	conse	erve the	significant la	and and	i natural		
		resource	es of sout	heastern New H	lampshire, includi	ng water, work	ing f	arms a	and for	ests, w	ıldlife habitat	and na	itural areas,		
92		and com	nmunity la	ndscapes The	organization has	assisted in the	con	servat	tion of	over si	x thousand a	cres of	land in		
E .		thirty-nir	ne commu	inities of southe	astern New Ham	oshire									
Activities & Governance	2	Check th	nis box •	If the orga	nızatıon discontir	nued its operat	ons	or dist	posed	of more	than 25% o	f its net	assets		
<u>ය</u>	3				governing body			•				3		19	
8	4 Number of independent voting members of the governing body (Part VI, line 1b)											4		19	
₹	5 Total number of employees (Part V, line 2a)										_	5		7	
Ac	6				ate if necessary)							6		60	
:	7a											7a		0	
	b	Net unre	elated bus	iness taxable in	come from Form	990-T, line 34						7b		0	
,		Pnor Year								Current Ye	ar				
_	8	Contribu	itions and	grants (Part VI	l, line 1h)						779	,604		645,706	
<u> </u>	9	<u> </u>							46	.805		57 270			
Revenue	10									,929		39,700			
Œ	11									.041	· · · · · · · · · · · · · · · · · · ·	17 394			
	12				I (must equal Part \		ine 1	2)			873	,379		760,070	
	13			•	(Part IX, column (• •								2,250	
	14				Part IX, column (A						···········			0	
8	15				ployee benefits (I		i (A),	, lines	5–10)			,049		210,060	
Expenses	16a			•	rt IX, column (A),	•		_			4	,100		0	
Ä	_ b				X, column (D), lin		- 	3	1,441			242		170.050	
_	17				(A), lines 11a–11d	•		051				848		178,052	
	18	lotal exp	oenses A	ad lines 13–17	(must equal Part		-line	-25)	+			,997		390,362	
	19	Revenue	e iess exp	enses Subtract	line 18 from line	+20111111						382		369,708	
Net Assets or Fund Balances	20	Total acc	eate (Dart	X, line 16)	ıΩ		00000	7	}	- Deginn	ing of Current \		End of Yea	309,688	
Bal	21			rt X, line 26)	135	JL 07 2010		51.	-			515		13,668	
S E	22				tract line 21 from-	•	_ 0	2	ł		3,368		3 2	296,020	
	t II		nature B		Tack III to Z T TOM	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- <u> </u> 			5,500	,5751		230,020	
ı a					at I have examined this	return including a	ccome	oanving s	schedule	s and sta	itements and to	the best o	of my knowledge		
					ete Declaration of pre										
		i .		$\supset a/h$	/ i /							. 1	1		
Sig	n			UBU	Ali							<u>6 30</u>	12018		
Her			Signature of		Clario	()		Λ.	- · ·	1	Date	/ /	/		
1161	-	_	<u> 7 W</u>	OMAS B	CHAMBER	470		PRES	105	NT					
				name and title					1 -						
<u>.</u>	1	Prepai signat			\	Dat	e		Ch	eck if f-		Preparer's see instruc	s identifying numb ⊐ions)	er	
Paic		1	7				- 6/11	/2010		ployed	. 1 1 1	200581	·		
•	oarer's	Firm's	name (or yo	urs ROWIF	Y AND ASSOCIA					1		► 02-0522619			
use	Only		employed),												
14	Ab - 10		ss, and ZIP +		S AVE, CONCOR						Phone no	► (603)228-5400			
wav	TOPIN	> mechie	e thic folli	m with the hier	arer shown ahove	Z / COO INCINIM	IODE	1					IIIVac	I IND I	

Fom	n 990 (2009) Southeast Land Trust of New Hampshire	02-0355374	Page 2
P	art III Statement of Program Service Accomplishments		, age a
1	Briefly describe the organization's mission		
	To conserve the significant land and natural resources of southeastern New Hampshire, including water, forests, wildlife habitat and natural areas, and community landscapes	working farms a	nd
	Did bloomerical and add to the second state of		
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	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arr allocations to others, the total expenses, and revenue, if any, for each program service reported.	ount of grams ar	nu
4 a	(Code:) (Expenses \$ 188,755 including grants of \$ 0) (Revenue Land Protection: In 2009, the Southeast Land Trust closed on four conservation projects protecting a tot spaces. This included the purchase of a conservation easement on the Brown Tract and the purchase of Epping at the confluence of the Pawtuckaway and Lamprey overs, the purchase of a conservation easem Back Channel Islands in the Piscatagua over in New Castle, and the acceptance of a donation of 72 acres to Town Forest. In addition, the organization secured agreements to conserve an additional 1,000+ acres of through Rockingham County, anticipated to close in 2010.	al of 92 acres of f the Hauser Trad nent on the as of the Windha of open spaces	ct in
4b	(Code) (Expenses \$ 59,658 including grants of \$ 0) (Revenue		334)
	Easement stewardship. The Southeast Land Trust monitored all conservation easements held by the ord through interpretation of aerial photographs taken in the spring of 2009, ground visits by volunteer Easer and staff, and follow up site visits. In addition, staff, interns, and consultants initiated current condition reexisting conservation easements accepted by the land trust prior to 2002.	nent Stewards	
4c	(Code) (Expenses \$ 62,350 including grants of \$ 0) (Revenue 5 Land Management As of December 31, 2009, the Southeast Land Trust owned 11 properties totaling 71 which were overseen by volunteer Land Stewards and staff Major accomplishments in 2009 include adopplans for the Ahl Memorial forest in Kingston and the Two Rivers Wildlife Preserve in Epping, securing co for access control and wildlife habitat management on the Pawtuckaway River Reservation in Epping and	5 acres of land oting managements: st-share assistar	nt nce
	a home from the floodplain on the Hauser Tract in Epping, and boundary marking and planning for trail cr		
	establishment on the Piscassic Greenway and Cole Farm in Newfields		
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Χ 2 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 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 6 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 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; 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 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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 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 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax Yes No Χ year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I. 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Х 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 17 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

20

Form	990 (2009) Southeast Land Trust of New Hampshire	02-0355374	F	age '
Pa	rt IV Checklist of Required Schedules (continued)			uge
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization	ns		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			^
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24:	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u>^</u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24-		v
	· · · · · · · · · · · · · · · · · · ·	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
لت	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1 1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		İ	
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	jj		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ļ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		. 1	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete		ĺ	
	Schedule L. Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		ĺ	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related		$\neg \uparrow$	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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

38

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				ugo t
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			
	U.S Information Returns. Enter -0- if not applicable	1a 16	3		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors		1		
	gaming (gambling) winnings to prize winners?	and reportable	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		10	 ^-	
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a 7	,	:	1
.	If at least one is reported on line 2a, did the organization file all required federal employment ta		2b	X	1
b	· · · · · · · · · · · · · · · · · · ·		20	 ^-	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	(see]		
2-	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year of this return?	covered by			
			3a 3b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3D	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or				
	over, a financial account in a foreign country (such as a bank account, securities account, or ot	ner mnanciai	4_		
	account)?		4a		X
Ь	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo and Financial Accounts.	reign Bank		i	
-					V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to		5b		_X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Prohibited Tax Shelter Transaction?	Regarding	F-		
6-		مدملة أمرام	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible?	dia the	60		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions that were not tax deductible?	rhutiana ar	6a		
D	gifts were not tax deductible? .	indutions of	6b	[
7	Organizations that may receive deductible contributions under section 170(c).				
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	v for goods			
a	and services provided to the payor?	y 101 g0003	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	$\frac{\hat{x}}{x}$	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was			
•	required to file Form 8282?	. It Was	7c	1	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums of				
_	benefit contract?		7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor	ting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	оппд	}	Ì	
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	i	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		T		
а	initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter		İ		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

						Yes	No
1a	Enter the number of voting members of the governing body	1a		19			
b	Enter the number of voting members that are independent	1b		19			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ations	hip with				ŀ
	any other officer, director, trustee, or key employee?		·	.	2	1	X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he 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 organizational documents since the prior Form 9	90 was	filed? .		4		X
5	Did the organization become aware during the year of a material diversion of the organization	's ass	ets?	. [5		X
6	Does the organization have members or stockholders?				6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or m	nore n	nembers		,		
	of the governing body?			L	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under	taken	during				
	the year by the following:						. .
а	The governing body?		•	L	8a	X	
b	Each committee with authority to act on behalf of the governing body? .		•	Ļ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		ached	ł			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	•	•		9a		X
	tion B. Policies (This Section B requests information about policies not required by the	inte	mal				
Reve	enue Code)					· · · · · · · · · · · · · · · · · · ·	
				г		Yes	No
	Does the organization have local chapters, branches, or affiliates?			-	<u>10a</u>		X
D	If "Yes," does the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with those of the organization		chapters,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be form?	efore 1	iling the		11	×	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Γ			
12a					12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests the	nat co	uld give				•
	rise to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the poli-	cy? If	"Yes,"			-	
	describe in Schedule O how this is done		•		12c	_X	
13	Does the organization have a written whistleblower policy?			L	13	Х	
14	Does the organization have a written document retention and destruction policy?	•		L	14		Х
15	Did the process for determining compensation of the following persons include a review and a		•			1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	ition a	nd decision	12			
а	The organization's CEO, Executive Director, or top management official		•		15a	X	
b	Other officers or key employees of the organization			L	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ar	range	ment	Ì		1	
	with a taxable entity during the year?			L	16a		<u> X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to					- 1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps	s to sa	feguard		:	j	
	the organization's exempt status with respect to such arrangements?			Ţ	16b		
	ion C. Disclosure		· · · · ·				
7	List the states with which a copy of this Form 990 is required to be filed ► NH						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	d 990-	1 (501(c)(3)s on	y)		
	available for public inspection. Indicate how you make these available. Check all that apply						
_	Own website Another's website X Upon request						
9	Describe in Schedule O whether (and if so, how), the organization makes its governing docum	ents,	conflict of i	nteres	t		
	policy, and financial statements available to the public						
	State the name, physical address, and telephone number of the person who possesses the bo	oks a	nd records	of the			
0	organization ► Brian Hart, Executive Director		(603) 77		_		

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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

X Check this box if the organization did not compe	ensate any cum	ent of	fice	r, d	irec	ctor, o	r tn	ustee.		
(A)			(C)			(D)	(E)	(F)	
Name and Title	Average	Positio	on (c	hec	k all	that ap	pły)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Tom Chamberlin President	10	x	İ	x				0	0	0
Richard Adams Vice President	3	X		×				0	0	0
Hunter Brownlie Treasurer	4.	Х		X				0	0	0
Bob Eaton Secretary	4.	Х		X				0	0	0
Phil Auger Director	2.	Х						0	0	0
Don Briselden Director	2	Х						0	o	0
Terry Coyle Director	2	Х						0	0	0
Mark S. Cross-Powers Director	2.	Х						0	0	0
Anne E de Cossy Director	2.	х						0:	0	0
Diane Forsyth Director	2.	х						o	0	0
Etolie Holzaepfel Director	2.	х						0	0	0
David Kirkpatrick Director	2.	х		_				o	0	0
Robin Jajar Director	2.	х						0	0	0
Rick Russman Director	2.	х						0	0	0
Elisabeth Sanders Director	2	х						0	0	0
Roger Stephenson Director	2.	х						0	0	0

ع ۱۲	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			(4	C)			(D)	(E)		(F)	
	Name and title	Average					hat ap		Reportable	Reportable		mated	
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	comp fro orga and	ount of ther ensation m the nization related nizations	
Cha	d Vanderbeck ctor	2.	×						0			0	
	Wollmar	2	x						0		0	0	
Pau Dire	l Young ctor	2.	х						0			0	
									0		<u></u>	0	
									·				
													
										· · · · · · · · · · · · · · · · · · ·			
													
45	+												
1b	Total	4 1	- 1+			\l=			0	(00.000	<u>'</u>	0	
2	Total number of individuals (including but no reportable compensation from the organizati		e iist		Dove 0) Wri	o rec	ceive	d more than \$10	חו טטט,טט			
											Ye	No	
3	Did the organization list any former officer, of employee on line 1a? If "Yes," complete Sch					/ e e,	or hi	ghes	st compensated		3	X	
4	For any individual listed on line 1a, is the sur the organization and related organizations grandividual									ıch	4	. x	
5	Did any person listed on line 1a receive or ac								ganızatıon for		5	X	
services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors									1	- 1			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.													
	(A) Name and business ad	ldress							(B) Description of servi	ces Co	(C) mpensatio	n	
											-	0	
	· · · · · · · · · · · · · · · · · · ·											0	
												0	
2	Total number of independent contractors (incomore than \$100,000 in compensation from the	-		d to	those	e list	ed a	bove) who received			0	

Part VIII		Statement of Revenue					<u> </u>	Fage 3
-	-				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	T .	E-donated :				revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	. 3	<u>1a</u>					
g g	þ	Membership dues	1 <u>b</u>	+			,	
fts, an	C.	Fundraising events .	10					
ig ig	d	Related organizations						
Sins Sim	e	Government grants (contributions)		7,122				
ut e		All other contributions, gifts, grants						
흔들	}	similar amounts not included abov	- <u>L</u>	-				
o d	9	Noncash contributions included in	lines 1a-1f \$	1,313	1			
	<u>h</u>	Total. Add lines 1a-1f		. Purumana Corta	645,706			···
Program Service Revenue	1 2-	Doumburged evenes		Business Code	40 547	40 547		
eve	2a	Reimbursed expenses			46,517	46,517		
e. e.	b	Contracted services			10,753	10,753		
Ž	q				0			
Š	-	•••••			0	- · ·		
grar	e	All other program service revenue			0			
P.	a	Total. Add lines 2a—2f	•		57,270			
	3	Investment income (including divid			31,210			
	"	other similar amounts)	enus, mieresi, ar	_	38,612			20 642
	4	Income from investment of tax-exe	mpt bond proces	. Þ	38,012			38,612
	5	Royalties	mpt bond procee	us .	0			
	"	rtoyanes	(i) Real	(II) Personal				·
	6a	Gross Rents	(1) 1.55.	(.,) : 6:56:12:	·			
	b	Less: rental expenses						
	C	Rental income or (loss) .	0	o				
	d	Net rental income or (loss)		•	o			
	7a	Gross amount from sales of	(i) Securities	(II) Other		1		
		assets other than inventory	96,088	0		1		
	b	Less cost or other basis				j		
		and sales expenses	95,000	0				
	С	Gain or (loss)	1,088	0	1		ľ	
	d	Net gain or (loss)		▶	1,088	1,088		
G)	8a	Gross income from fundraising]		1		
Ž		events (not including \$						
Other Revenue		of contributions reported on line 1c	1			i		
æ		•	a		1			
þer		Less: direct expenses .	b	L	İ		1	
ŏ		Net income or (loss) from fundraising	=	•	0			
	9a	Gross income from gaming activitie	S.	_	1		į	
	_	See Part IV, line 19	a	0	1			
		Less: direct expenses	b	0				
		Net income or (loss) from gaming a	ctivities .	>	oլ.			
	10a	Gross sales of inventory, less			l			
		returns and allowances	а		}			
		Less cost of goods sold	b	0				
	<u>C</u>	Net income or (loss) from sales of it	nventory	Business Code	0			
	11-	Miscellaneous Revenue		Business Code	47 204	47 204		
		Other revenue			17,394	17,394		
	b				0			
	Ç	All other revenue			0		· · · · · · · · · · · · · · · · · · ·	
	d e	Total. Add lines 11a–11d.		<u> </u>	17,394			
	12	Total revenue. See instructions		5	760,070	75,752	0	38,612
		16 Terrate. Octo mon donomo			, 00,070	10,102		00,012

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) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and				<u>usperious</u>							
	organizations in the U.S. See Part IV, line 21	2,250	2,250									
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22	o										
3	Grants and other assistance to governments,				······································							
	organizations, and individuals outside the			İ								
	U.S See Part IV, lines 15 and 16	o										
4	Benefits paid to or for members	0			······································							
5	Compensation of current officers, directors,											
	trustees, and key employees .	o										
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 salanes and wages	172,431	129,893	19,241	23,297							
8	Pension plan contributions (include section 401(k)	172,401	123,000	10,241	25,231							
	and section 403(b) employer contributions)	6,068	4,566	679	823							
9	Other employee benefits	17,580	13,227	1,967	2,386							
10	Payroll taxes .	13,981	10,514	1,566	1,901							
11	Fees for services (non-employees)	10,301	10,514	1,300	1,901							
··a	Management .	o										
b	Legal	10,688	9,449	1,239								
c	Accounting	18,191	16,082	2,109								
ď	Lobbying	0	10,002	2,109								
e	Professional fundraising services. See Part IV, line 17	ol ol										
f	Investment management fees	0										
g	Other	69,659	61,584	8,075	 							
12	Advertising and promotion	8.906	8,493	183	230							
13	Office expenses	17,159	14.646	1,331	1,182							
14	Information technology	0	14,040	1,5511	1,102							
15	Royalties	0			,,,,, ,							
16	Occupancy	10,800	8,124	1,209	1,467							
17	Travel	0	0,124	1,205	1,407							
18	Payments of travel or entertainment expenses											
. •	for any federal, state, or local public officials	ol										
19	Conferences, conventions, and meetings	4,834	3,368	1,458	8							
20	Interest	0	3,300	1,730								
21	Payments to affiliates	0										
22	Depreciation, depletion, and amortization .	1,085	817	121	147							
23	Insurance	0)	017	+21								
24	Other expenses. Itemize expenses not	<u>~</u>		· 								
	covered above. (Expenses grouped together											
	and labeled miscellaneous may not exceed			İ								
	5% of total expenses shown on line 25 below.)											
а	Sumplies and Bastons	8,620	3,112	5,508								
b	Miscellaneous avances	5,567	2,095	3,472								
c	Property Toyon	3,544	3,544	3,412								
d	Concorration Economist costs	18,999										
e		10,999	18,999									
ē	All other expenses	0										
25			210.762	40 150	21 441							
25	Total functional expenses. Add lines 1 through 24f	390,362	310,763	48,158	31,441							
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization											
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation											
	SOMERON				Form 990 (2009)							

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	201,513	1	102,449
	2	Savings and temporary cash investments		2	438,399
	3	Pledges and grants receivable, net	39,157	3	20,000
	4	Accounts receivable, net	41,350	4	38,693
	5	Receivables from current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
		employees, and highest compensated employees. Complete Part II of		_	,
		Schedule L , , , , .		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(В). Complete		-	
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net .	0	7	0
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	5,831	9	4,350
	10a	Land, buildings, and equipment cost or 10a 2,127,092			
		other basis Complete Part VI of Schedule D		1	
	b	Less accumulated depreciation 10b 6,238	2,621,161	10c	2,120,854
	11	Investments—publicly traded securities	95,035	11	0
	12	Investments—other secunties. See Part IV, line 11	28,836	12	88,424
	13	Investments—program-related. See Part IV, line 11	263,380	13	372,298
	14	Intangible assets .	0	14	0
	15	Other assets. See Part IV, line 11	86,795	15	124,221
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,383,058	16	3,309,688
	17	Accounts payable and accrued expenses	14,515	17	13,668
	18	Grants payable .		18	
	19	Deferred revenue		19	
_ :	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
#	22	Payables to current and former officers, directors, trustees, key		1	
iat		employees, highest compensated employees, and disqualified		1	
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	14,515	26	13,668
ဖ		Organizations that follow SFAS 117, check here ► X and			
9		complete lines 27 through 29, and lines 33 and 34.		1	
ā	27	Unrestricted net assets	165,559	27	592,911
8	28	Temporanly restricted net assets	498,127	28	492,047
밑	29	Permanently restricted net assets	2,704,857	29	2,211,062
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
اکا	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	3,368,543	33	3,296,020
	34	Total liabilities and net assets/fund balances	3,383,058	34	3,309,688
	J-4	Total havinges and het assets/fully palatices	3,363,030	J-4	3,309,000

Form **990** (2009)

FUIIII	990 (2000) Counteast Land Trust of New Hampshire	02-03553/4		age 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
ь	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1 1		
	issued on a consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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 guidts, explain why in Schedule O and describe any steps taken to undergo such guidts	35		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection Employer identification number

Sou	<u>theas</u>	t Land Trust	of New Hampsh	nire						02-0) <u>355374</u>		
Pa	rt I	Reaso	n for Public C	harity Status (Ail or	rganızatı	ons must	comple	te this pa	art.) See	instruction	ons.		
The	organ		•	dation because it is. (F		•	· · · · ·	•	•				
1	\sqsubseteq	A church, c	onvention of chi	urches, or association	of church	es descni	bed in se	ction 170	(b)(1)(A)	(i).			
2		A school de	scribed in sect i	on 170(b)(1)(A)(ii). (A	ttach Sch	redule E.)							
3		A hospital o	r a cooperative	hospital service organ	uzation de	escribed in	n section	170(b)(1)(A)(iii).				
4			esearch organiz ame, city, and s	ation operated in conj tate:	unction w	ith a hosp	otal desci	nbed in se	ection 17	0(b)(1)(A)(iii). Ent	er the	
5			•	or the benefit of a colle (Complete Part II.)	ge or uni	versity ow	ned or or	perated by	a govern	mentai u	nıt descr	nbed	
6		A federal, st	tate, or local go	vernment or governme	ental unit o	descnbed	ın sectio	n 170(b)	(1)(A)(v).				
7	X			lly receives a substant)(1)(A)(vi). (Complete		ts suppo	rt from a	governme	ental unit	or from th	ne gener	al pubi	IC
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	\sqcap		-	lly receives: (1) more t		-	-	from conti	nbutions	members	hip fees	and o	ıross
		receipts from support from	n activities relat n gross investm	ed to its exempt functi ent income and unrela n after June 30, 1975.	ons—sub ited busin	ject to cer less taxab	rtain exce ile incom	eptions, a e (less se	nd (2) no ction 511	more thai	n 33 1/3	% of it	
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11	\sqcap	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section											
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a 🔙 Type	el b	Type II c	Тур	e III–Fund	ctionally i	ntegrated		d 🔲 1	Type III-	-Other	
е		By checking	this box, I certi	fy that the organizatior	n is not co	ntrolled d	rectly or	ındırectly	by one or	more dis	squalified	i	
				on managers and other	er than on	e or more	publicly	supported	d organiza	itions des	scribed in	section	on
			section 509(a)(•									
f		_		a written determination	n from the	RS that	it is a Ty	pe I, Type	II, or Typ	e III supp	porting		
~		-	, check this box	the organization acce	nted any	auft or con	tabution	from any	of the				Ш
g		following per		the organization acce	pieu ariy	giit or con	imbution	iloili aliy	oi iiie				
				or indirectly controls,	either alo	ne or toge	ther with	persons	described	ın (ıı)	ſ	Yes	No
			•	verning body of the su		-		•		, ,	11g(i)		
			-	person described in (i							11g(ii)		
_				y of a person describe	* * *	` '					11g(iii)	. !	
h		Provide the 1		ation about the suppor		nization(s) organization	1	you notify	(va)	ls the	(val)	Amount	of
(1)		of supported	(ii) EIN	(described on lines 1-9	ın col (i) lı	sted in your	the orga	nization in		tion in col	1 ' '	upport	01
	O. ga.	11232011		above or IRC section (see instructions))	governing	document?		of your part?		zed in the S?			
				(see insulations)	Yes	No	Yes	No	Yes	No	-		
									1		1	-	
		·											0
													0
													0
													0
	_			_									0
								-			 		

Total

0

га	(Complete only if you checked				1)(A)(IV) and	(A)(T)(a)UTT	(VI)
Sec	tion A. Public Support	the pox on line	25, 7, 01 8 01	Pan I.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,678,342	1,643,756	654,227	768,604		5,365,180
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,070,042	1,0-0,700	004,221	700,004	020,231	0,303,180
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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	1,678,342	1,643,756	654,227	768,604	620,251	5,365,180
	amount shown on line 11, column (f)		<u>_</u>				2,268,378
6	Public support. Subtract line 5 from line 4.						3,096,802
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,678,342	1,643,756	654,227	768,604	620,251	5,365,180
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
9	Net income from unrelated business activities, whether or not the business is regularly carned on	10,319	20,769	15,651	22,910	38,612	108,261
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	30.860	36,055	35,142	52,689	74,664	229,410 5,702,851
12	Gross receipts from related activities, etc. (s.	ee instructions)	L			12	5,702,651
13	First five years. If the Form 990 is for the or organization, check this box and stop here ion C. Computation of Public Support	ganization's firs		d, fourth, or fifth	n tax year as a		(3)
4	Public support percentage for 2009 (line 6, c	column (f) divide	d by line 11, c	olumn (f))		14	54 30%
5 6a	Public support percentage from 2008 Sched 33 1/3% support test-2009. If the organizat	ion did not che	ck the box on li		14 is 33 1/3%	or more, chec	55.66% k this box
b	and stop here . The organization qualifies as 33 1/3% support test–2008 . If the organization qualifies box and stop here . The organization qualifies	ion did not ched	ck a box on line	e 13 or 16a, an	d line 15 is 33	1/3% or more,	► X check this ►
7a b	10%-facts-and-circumstances test-2009. If or more, and if the organization meets the "facts-and-circumstances test-2008. If or more, and if the organization meets the "facts-and-circumstances test-2008. If or more, and if the organization meets the "facts-and-circumstances test-2008. If the organization meets the "facts-and-circumstances test-2008."	If the organization of the control o	on did not cheo istances" test, The organization on did not cheo istances" test,	ck a box on line check this box on qualifies as a ck a box on line check this box	and stop hen a publicly supp e 13, 16a, 16b, and stop hen	e. Explain in Pa ported organizat , or 17a, and lin e. Explain in Pa	is 10% rt IV how tion e 15 is 10% art IV how
8	Private foundation. If the organization did not che				•	_	▶ 🗍

Schedule A (Form 990 or 990-EZ) 2009 Southeast Land Trust of New Hampshire 02-0355374 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 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 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 5. 0 0 0 ol ol 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 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 0 Add lines 7a and 7b 0 0 0 O 0 Public support (Subtract line 7c from line 6.) 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 0 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 ol 0 Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 Total support. (Add lines 9, 10c, 11, 13 0 0 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

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16_	Public support percentage from 2008 Schedule A, Part III, line 15	16	0 00%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
19a	33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is m	ore than 33 1/3% a	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-2008. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	n 990 or 990-EZ) 2009	Southeast Land	Trust of Ne	w Hampshire		02-0355374	Page 4
Part IV	Supplemental Part II, line 17a	Information. Co	mplete this	part to provide the	explanations required additional information.	by Part II, line 10;	· ·
Part II Line 10	Other Income Det	aii: Reimbursed ex	penses; \$4	6,517, Contracted Se	rvices;		
\$10,753, Othe	er income; \$17,394						
		,					
							
							
					· 		
	· · · · · · · · · · · · · · · · · · ·						
	·			•			
							
					•••••		
•••••							

SCHEDULE D (Form 990)

Supplemental Financial Statements

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number

nami	e of the organization			⊨mployer	identification number	
Sou	theast Land Trust of New Hampshire				02-0355374	
Pa		or Advised Funds or Other	Similar Fund	s or Ac		f
	the organization answered "Yes" t					
		(a) Donor advised funds		(b) Fu	inds and other accounts	
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year) .					
4	Aggregate value at end of year		_			
5	Did the organization inform all donors and d	onor advisors in writing that the	a accets held in	donor ad	weed	
•	funds are the organization's property, subject	_		uonor au	Yes 7	No
6	Did the organization inform all grantees, do	-	-	!		No
Ü						
	used only for charitable purposes and not for		mor advisor, or to	or any ou		
D -	purpose conferring impermissible private be				Yes	No
Par	Conservation Easements. Comp	lete if the organization answ	rered "Yes" to I	<u>-om 99</u>	0, Part IV, line /	
1	Purpose(s) of conservation easements held	by the organization (check all t	that apply).			
	X Preservation of land for public use (e.g.	, recreation or pleasure)	Preservation of a	in historic	cally important land ar	rea
	X Protection of natural habitat				historic structure	
		ш.			motorio otractare	
2		bald:Ed				
2	Complete lines 2a through 2d if the organiza	ition neid a qualmed conservati	ion contribution	in the for	m of a conservation	
	easement on the last day of the tax year.					
_	Total assert as of assert as a second as				Held at the End of the Tax	
a	Total number of conservation easements			2a		111
b	Total acreage restricted by conservation eas			2b	5,3	26.00
C	Number of conservation easements on a ce		d in (a)	2c		0
ď	Number of conservation easements included			2d		35
3	Number of conservation easements modified	ı, transferred, released, extingu	uished, or termin	ated by t	the organization	
	during the tax year 0					
4	Number of states where property subject to					
5	Does the organization have a written policy i		ng, inspection, h	andling o		
_	violations, and enforcement of the conserval				X Yes	No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing o	conservation ea	sements	during the year	
_	1,526,00					
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cons	ervation easeme	ents dunn	ng the year	
	► \$ 59,658					
8	Does each conservation easement reported	on line 2(d) above satisfy the re	equirements of s	section		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		•		X Yes	No
9	In Part XIV, describe how the organization re					
	balance sheet, and include, if applicable, the	text of the footnote to the orga	inization's financ	al stater	ments that describes	
	the organization's accounting for conservation					
Par	Organizations Maintaining Collection			ilar Ass	ets.	
	Complete if the organization answered	"Yes" to Form 990, Part IV, lin	e 8			
1a	If the organization elected, as permitted under	er SFAS 116, not to report in its	revenue statem	nent and	balance sheet works	of
	art, historical treasures, or other similar asse	The state of the s	·		•	
	service, provide, in Part XIV, the text of the fo					
þ	If the organization elected, as permitted under					rt,
	historical treasures, or other similar assets he		ion, or research	in further	rance of public	
	service, provide the following amounts relating	=				
	(i) Revenues included in Form 990, Part VIII	line 1		>	\$	
	(ii) Assets included in Form 990, Part X			Þ	\$	
2	If the organization received or held works of a	art, historical treasures, or othe	r sımılar assets	for financ	cial gain, provide the	
	following amounts required to be reported un					
а	Revenues included in Form 990, Part VIII, lin			•	\$	
ь	Assets included in Form 990. Part X			•	• \$	

Par	Organizations Maintainin	Collections of	Art, HIS	torical	reasures	<u>, or Ui</u>	ther Similar	Assets (<u>contin</u>	<u>uea) </u>
3	Using the organization's acquisition use of its collection items (check all		other reco	rds, che	ck any of th	e follov	ving that are a	a significai	nt	
а	Public exhibition		d \lceil	Loan	or exchang	e progi	rams			
ь	Scholarly research		e 🗀	Other	-					
c	Preservation for future genera	ations	· _	00		· • • • • • •				
4	Provide a description of the organization of t								ose ir	ר
5	During the year, did the organization assets to be sold to raise funds rath								es _	No
Par	t IV Escrow and Custodial Ar IV, line 9, or reported an ar	_	•		_	answe	ered "Yes" to	Form 99	0, Pai	rt
1a	is the organization an agent, trustee included on Form 990, Part X?			•		ons or o	other assets n		es _] No
b	If "Yes," explain the arrangement in	Part XIV and com	ipiete tne	ioliowing	table		1	Amount		
С	Beginning balance .					10		Amount		
d	Additions during the year					10				
e	Distributions during the year	•				16	-			
f	Ending balance					11	+			0
2a	Did the organization include an amo	unt on Form 000	Part V I	212					es X	
b	If "Yes," explain the arrangement in		ran, ii	IE Z I '		•		L 1	es [NO
Part			ization a	nswere	d "Yes" to	Form 9	990 Part IV	line 10		
		(a) Current year	(b) Pro		(c) Two year		(d) Three years		our years	s back
1a	Beginning of year balance	86,795	· ' '	119,581						
ь	Contributions						-	Ì		
С	Net investment earnings, gains,								,	
	and losses	13,787		-28,100						
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs	7,671		4,009						
f	Administrative expenses	690		677						
g	End of year balance	92,221		86,795						
2	Provide the estimated percentage of	-	ance held	as						
a	Board designated or quasi-endowme		%							
b	Permanent endowment	100%								
C		<u>%</u>			1 1					
3a	Are there endowment funds not in th	e possession of tr	ne organi	zation the	at are neid a	and ad	ministered for	tne	V	N-
	organization by							2-(1)	Yes	No
	(i) unrelated organizations .							3a(i)	Х	
b	(ii) related organizations. If "Yes" to 3a(ii), are the related orga	nizations listed as		on Cobe	alula D2		•	3a(ii)	\longrightarrow	<u> </u>
4	Describe in Part XIV the intended us							30		
Part						rt X lur	ne 10			
ı aıı	Description of investment	(a) Cost or oth			t or other		Accumulated	(d) B	ook value	
	Description of investment	(investme	I		(other)		preciation	(4) 50	iok value	=
1a	Land .		ol		2,118,730				2.118	3,730
ь	Buildings		0		0		0	<u> </u>	,,	0
c	Leasehold improvements		o		0		0			0
d	Equipment .		o		8,251		6,238			2,013
e	Other		o		111		0			111
Total	. Add lines 1a through 1e. (Column (d) must equal Form	n 990. Pa	rt X. colu	ımn (B), line	e 10(c)) ▶		2.120	0.854

organization's liability for uncertain tax positions under FIN 48

=Dest VIII Management Other Convention	Can Farm 000 Dart V	line 40	Page .
Part VII Investments—Other Securities.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Emergial desirations	0	 	larice value
Classic hold oggive, retained	0	 	
	0		
Other	0		
	0		
	0		<u></u>
	0		
	0		
	0		
	0		
	0		
	0		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	0		
Part VIII Investments—Program Related.	See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	
Mutual Funds	372,298	Market	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990 Part X col (B) line 13)	372,298	<u> </u>	
Part IX Other Assets. See Form 990, Par	t X. line 15		· · · · · · · · · · · · · · · · · · ·
	Description		(b) Book value
			0
			0
			0
			0
			0
			0
	· · · · ·		0
			0
		- · · · · -	0
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15.)	•	0
Part X Other Liabilities. See Form 990, F		i	
1. (a) Description of liability	(b) Amount		
Federal income taxes	· · · · · · · · · · · · · · · · · · ·	ō	
		0 .	
		0	
		0	
		0	
		<u> </u>	
		<u> </u>	
		의	
		<u> </u>	
İ		0 ·	
			
Fotal (Column (b) must equal Form 990, Part X col (B) line 25)		0	-

Schedule D (Form 990) 2009 Page 4 _Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 760,070 Total expenses (Form 990, Part IX, column (A), line 25) 2 390.362 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 369,708 Net unrealized gains (losses) on investments 4 4 52,562 5 Donated services and use of facilities 5 6 Investment expenses 6 Prior period adjustments 7 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8. 9 52,562 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 10 422,270 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 812,632 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 52.562 b Donated services and use of facilities 2b Recovenes of prior year grants 2c C 2d Other (Describe in Part XIV.) d e Add lines 2a through 2d 2e 52.562 3 Subtract line 2e from line 1 3 760,070 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b а Other (Describe in Part XIV) 4b b Add lines 4a and 4b c 760.070 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 390,362 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a 2b b Prior year adjustments Other losses 2c C Other (Describe in Part XIV) ď 2d O Add lines 2a through 2d 2e е 390.362 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b а 4b b Other (Describe in Part XIV) Add lines 4a and 4b 4c 0 C Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 390,362 _Part XIV_ Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information Part II Line 9 Conservation easements are recorded at cost if purchased. Once the easement has been acquired the value of the asset is written down to a value of \$1 on the balance sheet with a corresponding entry to Program Services Donated conservation easements are not recorded as an asset, revenue or expense but a record is maintained and the details of the transaction are reported in a footnote in the financial statements. There were no such transactions in the current fiscal year

Schedule D (Form 990) 2009

Part XIV Supplemental information (continued)
Part II, Line 9: Conservation easements are recorded at cost if purchased. Once the easement has been acquired the value of
the asset is written down to \$1 on the statement of financial position with a corresponding entry to Program Service costs
Donated conservation easements are not recorded as an asset, revenue or program service cost. Detailed records relating
to donated easements are maintained in perpetuity and in the year of the donation all relevant details are disclosed in the
financial reports as a footnote disclosure. There were no such transactions in the current year
Part V, Line 4: The funds reported here are for the Piscasic Greenway Fund, managed by the New Hampshire Charitable
Foundation. The purpose of the Southeast Land Trust's endowment fund is to support the long-term management, stewardship,
and protection of the Piscassic Greenway in Newfields and Newmarket, New Hampshire

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2009

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Southeast Land Trust of New Hampshire 02-0355374 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part ! Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations а e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (i) Name of individual (ii) Activity (IiI) Did fundraiser have (iv) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in organization contributions? col (i) Yes No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 O 0 0 O 0 0 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2009

-Pa	art II		ts. Complete if the orgation Form 990-EZ, line 6							or repo	orted
			(a) Event #1 Vanous (event type)		(b) Event #2		(c) Other events NONE (total number)		(d) To (add ∞l	tal event (a) thro	
Revenue	1 2	Gross receipts Less: Chantable	36,335	<u>;</u>	(0		,		,	36,335
æ	3	contributions Gross income (line 1	0	—		<u>-</u>	0	 			0
		minus line 2)	36,335	-	(<u>C</u>	<u>'</u>		;	<u>36,335</u>
	4	Cash prizes	0	1	()	0	-			0
	5	Noncash prizes	0	-			0	-			0
enses	6	Rent/facility costs	690			_	. 0	<u> </u>			690
Direct Expenses	7	Food and beverages	5,627	<u> </u>	<u>C</u>		0				5,627
Direc	8	Entertainment	1,000	ļ	C		0	-			1,000
	9	Other direct expenses	3,563	<u></u>	c	<u> </u>	0				3,563
	10 11	Direct expense summary Net income summary Cor	_		· •		>	-			0,880) 25,455
Pa	rt III		if the organization ansv			90,	Part IV, line 19, or r	epor	ted me		
Revenue		11011 \$ 10,000 011 0	(a) Bingo		(b) Pull tabs/instant ngo/progressive bingo		(c) Other gaming		d) Total g		
Rev	1	Gross revenue					1				0
es	2	Cash prizes									0
ect Expenses	3	Noncash prizes									0
	4	Rent/facility costs		<u> </u>							0
٥	5	Other direct expenses									0
	6	Volunteer labor	Yes %		Yes% No		Yes %				
	7	Direct expense summary.	Add lines 2 through 5 in o	colum	n (d)		▶				0)
	8	Net gaming income summ	ary. Combine line 1, colu	mn d	and line 7		<u>.</u> .			1	0
9 a		ter the state(s) in which the he organization licensed to				?			9a	Yes	<u>No</u>
b		No," explain									
10a b		ere any of the organization's Yes," explain	s gaming licenses revoke	ed, su	spended or termina	ited	dunng the tax year?		10a		
11	Dos	es the organization operate	gaming activities with n	onme	 mhers?				11	-	
12	is t	he organization a grantor, to med to administer chantable	peneficiary or trustee of a			art	nership or other entity		12		

Southeast Land Trust of New Hampshire

02-0355374

Sched	dule G (Form 990 or 990-EZ) 2009			Page 3
13 a b 14	Indicate the percentage of gaming activity operated in. The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name	⊣	Yes	No
	Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	15a		
	If "Yes," enter name and address of the third party Name ▶ Address ▶			
16	Name ►			
17 a	Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?	172		

b Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year > \$

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Southeast Land Trust of New Hampshire

Employer identification number

02-0355374

Par	Types of Property							
		(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions	Revenues reported on Form 990, Part VIII, line 1g	Met	thod of de revent		ng
1	Art-Works of art .	аррисавис		Tomi 555, Fait Viii, line 19	 			
2	Art—Historical treasures	· · ·			+			-
3	Art—Fractional interests				 			
_		<u> </u>			 			
4	Books and publications							
5	Clothing and household				ĺ			
_	goods	 			<u> </u>			
6	Cars and other vehicles	<u> </u>			 			
7	Boats and planes .	ļ						
8	Intellectual property							
9	Securities—Publicly traded				ļ			
10	Securities—Closely held stock				1			
11	Securities—Partnership, LLC,							
40	or trust interests				<u> </u>			
12 13	Securities—Miscellaneous				<u> </u>			
13	Qualified conservation contribution—Historic							
					i			
14	structures Qualified conservation				İ			
14	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				<u> </u>		··	
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	İ						
25	Other ► (0	0				
26	Other ▶ ()		0		i			
27	Other ► ()		0					
28	Other ► (1	0	0				
	````````					-		
29	Number of Forms 8283 received	-	-					
	which the organization complete	d Form 82	283, Part IV, Donee Acknow	ledgement	29			
							Yes	No
30 a	During the year, did the organiza		•	•	-28			
	that it must hold for at least three	-						
	required to be used for exempt p			,		30a		
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptar	nce policy that requires the r	review of any non-standard		_		
	contributions?					31		
32 a	Does the organization hire or use	e third par	ties or related organizations	to solicit, process, or self				
	noncash contributions?					32a		
	If "Yes," describe in Part II			. <b>.</b>				
33	If the organization did not report	revenues	in column (c) for a type of p	roperty for which column (a)	IS			
	checked, describe in Part II							

#### Southeast Land Trust of New Hampshire

02-0355374

Schedule M (F	orm 990) 2009 Pag	e 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	
		_
	***************************************	
		. <b>-</b> -
	***************************************	
•		
		· <b>-</b> -
. <b></b>		
	•••••••••••••••••••••••••••••••••••••••	
·		
·		
·		
		-

### SČHEDULE O (Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Southeast Land Trust of New Hampshire

Employer identification number

02-0355374

Form 990 Part VI Section A Line 7a The by-laws of the organization authorize the members to elect
new members of the Board of Directors and its officers at the Annual Meeting. Should a vacancy exist
after the Annual Meeting, the Board may fill the opening by a majority vote at a duly organized
meeting of the Board of Directors.
Form 990 Part VI Section A Line 7b The only decision of the Board of Directors subject to approval
by the members is changes to the by-laws of the organization. Proposed changes may be brought before
the Annual Meeting or through a Special Meeting with prior notice of all current members
Form 990 Part VI Section B Line 11a The organization's draft Form 990 is prepared by our accountant
and reviewed by the Finance Committee and Executive Director in detail prior to filing. Questions
were addressed to the preparer and resolved. The Finance Committee then recommended the acceptance
of the Form 990 to the Board of Directors. The Board of Directors voted to submit the final form 990
for 2009 at their June 10, 2010 meeting
Form 990 Part VI Section B Line 12c Each year following the annual meeting of the organization, each
member of the Board of Directors receives an extensive Conflict of Interest questionnaire. This
questionnaire consists of 36 questions designed to inquire of the Board member's knowledge of the
organization's conflict of interest policy, the individual board member's compliance with the
policy, and the compliance of the Board as a body. The questionnaire is signed and submitted by the
Board member and reviewed by the Executive Director. The questionnaire is submitted annually by each
Board member and was distributed in July of 2009 and June of 2010
Form 990 Part VI Section B Line 15a Each year, the Executive Committee, with input from the Board of
Directors, evaluates the Executive Director's performance and recommends any changes in salary or
benefits The Executive Committee of the Board reviews compensation packages for comparable
positions within the land trust community, the broader non-profit community, New Hampshire and the
region This information may be gathered from published salary surveys of the Land Trust Alliance,
New Hampshire Center for Non-Profits, and from personal conversations with the Board members of
similar land trusts within the state and region. The Executive Committee provides its

Schedule O (Form 990) 2009	Page 2
Name of the organization Southeast Land Trust of New Hampshire	Employer identification number 02-0355374
Form 990 Part VI Section B Line 15a, recommendation to the full Board of Directors. The Board	d of
Directors makes final decisions regarding continued employment and salary and benefits, which	h are
recorded in the minutes of the applicable meeting of the Board of Directors. The Executive Directors	ector
is not present at the meetings of the Executive Committee or Board of Directors when performa	ance or
salary and benefits are being discussed. The Board of Directors last action on the compensation	on of
the Executive Director of Fiscal Year 2009 was on October 9, 2008	
Form 990 Part VI Section C Line 19 The Organization makes its governing documents, conflict	of
interest policy, and financial documents available to the public upon request, by contacting the	
organization via telephone, e-mail, or through our web sites	
•••••••••••••••••••••••••••••••••••••••	
	•
•	

# Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172
2009
<u> </u>
Attachment

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

Sequence No 67

	me(s) shown on return	Business or activity to which this form relates			Identifying number			
So	utheast Land Trust of New Hampshire	990				02-0355374		
Pa	rt I Election To Expense Certain	Property Uni	der Section 1	79				
	Note: If you have any listed property, co	mplete Part V t	efore you com	olete Part I				
1	Maximum amount See the instructions for						1	250,000
	Total cost of section 179 property placed in						. 2	
	3 Threshold cost of section 179 property before reduction in limitation (see instructions).							800,000
	Reduction in limitation Subtract line 3 from						3	C
	Dollar limitation for tax year Subtract line 4				rned filina			
	separately, see instructions						. 5	250,000
6	(a) Description of property		(b) Co	st (business us	e only)	(c) Elected		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	(0) 2.00.00		1
				· · · · ·	· <del>- ·</del> ·· ·			1
7	Listed property Enter the amount from line	29			. 7			1
	Total elected cost of section 179 property.		column (c), im	es 6 and 7			8	1 0
	Tentative deduction. Enter the smaller of li				-		9	0
10	Carryover of disallowed deduction from line	13 of your 200	8 Form 4562				10	
	Business income limitation. Enter the small			than zero) o	line 5 (see in	structions)	. 11	
	Section 179 expense deduction. Add lines					J. 20.07.07	12	0
	Carryover of disallowed deduction to 2010	·			▶ 13		0	
	te: Do not use Part II or Part III below for list					<del></del>		1
	t II Special Depreciation Allowar				clude listed p	roperty.) (See	ınstr	uctions )
14	Special depreciation allowance for qualified							
	during the tax year (see instructions)	F - F 3 (					14	
	Property subject to section 168(f)(1) election	n					15	
	Other depreciation (including ACRS)						16	
	t III MACRS Depreciation (Do not	include listed	property ) (Se	e instruction	is )			·
			Section A					
17	MACRS deductions for assets placed in ser	vice in tax years	s beginning bef	ore 2009			17	1 085
18	If you are electing to group any assets place	ed in service du	ring the tax yea	r into one or r	nore			·
	general asset accounts, check here					▶ □		
	Section B - Assets Placed in	Service Durin	g 2009 Tax Ye	ar Using the	General Depr	eciation Syste	enn	
		(b) Month and	(c) Basis for	(d) Recovery	(e)	(f)	ĺ	(g)
	(a) Classification of property	year placed	depreciation	period	Convention	Method	Denn	eciation deduction
	(-,	in service	(business/investment)	,				
19	a 3-year property					<del>-</del>	<del></del>	
	b 5-year property						†	
	c 7-year property				-		1	
	d 10-year property					,	1	
	e 15-year property						+	
	f 20-year property		,,,,				†	<del></del>
	g 25-year property			25 yrs.		S/L	1	
	h Residential rental			27 5 yrs	MM	S/L	1	<del>-</del>
	property		<del></del>	27 5 yrs.	MM	S/L	†	
	i Nonresidential real			39 yrs.	MM	S/L	<del> </del>	
	property			00 y.u.	MM	S/L	+	
_	Section C - Assets Placed in S	ervice During	2009 Tax Year	Using the Ali			em	
20	a Class life	i vice Burning	LOGO TAX TEAT	Using the Air	cinauve bep	S/L	1	<del></del>
	b 12-year	ļ		12 yrs		S/L	+-	
	c 40-year		· ·-	40 yrs	MM	S/L	+	
	t IV Summary (See instructions )		<del></del>	40 yis	IALIAI I	- S/L	<u>ــــــــــــــــــــــــــــــــــــ</u>	<del> </del>
	Listed property Enter amount from line 28						21	
	Total. Add amounts from line 12, lines 14 th	rough 17 lines	10 and 20 in co	Jump (a) and	line 21		121	<del> </del>
	Enter here and on the appropriate lines of you					<b></b>	22	1 005
					see instructio	115	22	1,085
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs								
	o une pasis amportable to section 203A cost	S			23		•	