# 990 Form

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

Inten		ue Service	<del></del>		o and its instru	ictions			ormaau.		Inspection
<u>A</u>			lendar year, or tax year beg					ending	<del></del>		<del></del>
$\overline{}$		applicable		outheast Land	Trust of New Ha	mpshire			D Employer	identii	fication number
$\square$	Address	change	Doing business as								
$\Box$	Name ch	ange	Number and street (or PO bo		elivered to street add	dress)	Room/suite		02-0355374		
$\overline{\Box}$			6 Center Street, PO Box 6	0/5					E Telephone	numbe	er
$\square$	nitial retu	um	City or town  Exeter		State NH		ZIP code 03833		(603) 778-6	088_	
ا	inal return	n/terminated	Foreign country name	Foreign or	ovince/state/county		Foreign posta	Loode	1		
$\Box$	Amended	f return	1 dreigh country hame	i oreigii pi	Ovince/state/county		roreign posta	ii code	G Gross rece	eints \$	6,287,856
二									0.000,000	p.to <b>v</b>	
$\square$	Application	on pending	F Name and address of principa					H(a) is t	his a group return f	or subor	rdinates? Yes X No
			Roger Stephenson, President	dent, Stratha	m, NH 03885			H(b) Ar	re all subordinate	s inclu	ded? Yes No
1 7	ax-exem	pt status	X 501(c)(3) 501(c)	( ) ◀ (	ınsert no ) 🔲 49	947(a)(1)	or 527	If	"No," attach a lis	t (see	instructions)
JI	Vebsite	e: ▶ ww	w seltnh org					H(c) G	roup exemption r	number	•
		rganization	X Corporation Trust	Association	on Other ►		1, 70				
_			_ <del></del>	ASSOCIATIO	Other D		L Te	ar of form	1980 1980	IN S	State of legal domicile NH
F	art I		mmary			<del></del>					
Ф	1		lescribe the organization's						and sustain th	ne sig	niticant
Š	1		our community for clean w								
Governance	}	and wild	llife The Organization has								
Š	2				ntinued its opei		or disposed	of mor	e than 25% o	of its r	net assets
Ö	3		of voting members of the			•				3_	19
ဆ	4	Number	of independent voting mei	mbers of the	governing body	/ (Part V	/I, line 1b)		.	4	19
噩	5	Total nu	mber of individuals employ	ed in calend	ar year 2016 (P	art V, Iir	ne 2a)			_ 5	15
Activities &	6	Total nu	mber of volunteers (estima	te if necessa	ry)					6	159
Ă	7a		related business revenue f				· · · · ·			7a	0
	b	Net unre	elated business taxable inc	ome from Fo	rm 990-T-line	34\/=	<u> </u>	<u> </u>	<u></u>	7b	0
	1						<u></u>		Prior Year		Current Year
ē	8		utions and grants (Part VIII	-	AUC M	መ ኃበት	7 .  8		8,509	,666	6,222,010
E E	9	-	n service revenue (Part VIII		BO AUG 0	8. 701	7 0		8	3,082	4,729
Revenue	10		ent income (Part VIII, colur			<u></u>	≅		9	,684	16,339
LE,	11		evenue (Part VIII, column (/						2	,992	13,337
	12	Total rev	enue—add lines 8 through 1	1 (must equal	Part-VIII, column	7-(A);-line	e- <del>12)</del>		8,530	,424	6,256,415
	13		and similar amounts paid (I			3)	•		10	,000	0
	14		•	members (Part IX, column (A), line 4)						0	0
es	15	Salaries	other compensation, employ	/ee benefits (l	Part IX, column (	A), lines	5–10)	522,333 0			657,957
Expenses	16a	Profess	onal fundraising fees (Part	IX, column (	A), line 11e) .		•				98,461
ğ	b	Total fur	ndraising expenses (Part I)	(, column (D)	, line 25) 🕨		131,465	i 1.8		. (*)	
W	17		kpenses (Part IX, column (				•	<u> </u>	1,071	,528	7,366,694
	18	Total ex	penses Add lines 13-17 (r	nust equal P	art IX, column (	A), line	25)		1,603	,861	8,123,112
	19	Revenu	e less expenses. Subtract	line 18 from	ine 12		<u> </u>		6,926	6,563	-1,866,697
Net Assets or Fund Balances	ŀ							Begin	ning of Current	Year	End of Year
sset	20		sets (Part X, line 16).						16,327	,587	14,518,669
A A	21		bilities (Part X, line 26)	•						,363	26,495
			ets or fund balances Subtr	act line 21 fr	om line 20 .		<u></u>	<u></u>	16,270	,224	14,492,174
	art II		nature Block								
	•		y, I declare that I have examined the						•	•	je
ало	beller, it i	is true, cont	ect, and complete Declaration of p	reparer (other th	an officer) is based to	on all infor	mation of which	n prepare	er nas any knowi	eage	
Sig	gn n		Jan W	Sun	<u></u>		<del></del>				<del></del>
He			Signature of officer	$\langle \cdot \cdot \rangle$	c/ H	, ,			Date	(	2 . 0 . 0
			-4nn/+	JMI	<u> </u>	20	Su	<u>ر ج ۲</u>			-3-7017
		1 1	Type or print name and title		tenanta pinatura			Z LDa			LDTIN
D-	:		VType preparer's name	•	reparer's signature					heck	PTIN
Pa		_ End	Rowley					7	7/6/2017 s	elf-emp	P00581700
	eparei	I -	n's name Rowley & Asso	ciates, PC					Firm's EIN ▶	02-0	522619
US	e Only	y —	n's address ► 46 N. State Str		NH 03301						) 228-5400
140							<del></del>		Phone no	(000	
	May the IRS discuss this return with the preparer shown above? (see instructions)										
	Papen	work Red	uction Act Notice, see the	separate inst	ructions.						, 7 25 cm 990 (2016)
HTA											100
											$\cup$

Form 9	90 (2016)	Southeast Land Trust of New Hampshire	02-0355374	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III .		. X
1	Briefly o	lescribe the organization's mission	<del></del>	
	To prote	ect and sustain the significant lands in our community for clean water, fresh food, recreation, healthy forests, and wildlife		
2		organization undertake any significant program services during the year which were not listed on	□	[V]
	-	r Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	<u></u>	(Z)
	services		Yes	X No
		describe these changes on Schedule O		
4	expense	e the organization's program service accomplishments for each of its three largest program services es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported		
4a	(Code:	) (Expenses \$ 7,181,032 including grants of \$ ) (Revenu	e \$	
	•	CONSERVATION 2016 was one of SELT's most suppossful years in land conservation to date		
		All I are a late in the late i		
		ed in 2016 were through conservation easements and all were completed in partnership with		
		recognized at the conditional common CELT's common term and forward on these less		
		iving Landscapes, Farmland for the Future, and Clean Drinking Water Under our Living		
		and a particular CCI To a city to company a lorge lands company arrival, due to their chandlest		
		reactive on the state of the second state of the state of the second state of		
		nities This includes the vision of Pawtuckaway to Great Bay Greenway, seeking to link		
		consequence focus arose into a consider. CELT completed three projects in this		
		you polyding the 1.121 ago Hangye' Kannard Hill Forest in Fanna 9. Nottinghom, the		
		Sweetser Farm in Nottingham, and the Limperis Farm on the banks of the Lamprey River in		
		Newfields, and Newmarket CONTINUED ON SCHEDULE O		
4b	(Code	) (Expenses \$ 157,488 including grants of \$ ) (Revenu	e \$	<u>_</u>
	EASEM	ENT STEWARDSHIP: For the 9th year running, SELT monitored 100% of its 170 conservation		
	easeme	ents to ensure continued protection of the natural resources of these conserved lands We		
	also wo	rked with our partners to support their monitoring of the 44 easements which we hold the		
	executo	ry interest on (back up to the primary easement holder) Finally, we contracted with		
	municip	alities to manifor 24 town concerned lands. SELT completes this work through two full times		
	and one	e seasonal staff member complemented by our effective Volunteer Easement Monitor Program		
	Monitor	ing is completed by a combination of aerial photograph interpretation and on the ground		
	site visi	ts. In 2016, SELT integrated tablets into our field work, greatly improving our accuracy		
	and effi	ciency in data and image collection. Stewardship is more than monitoring and enforcement		
		ners. To this end, SELT produced an Easement Stewardship Guide for Landowners, to help guide		
		NUED ON SCHEDULE O		
4c	(Code		e\$	
		MANAGEMENT: While SELT's land ownership did not grow in 2016, SELT focused on improving		
		ccess and wildlife habitat on our existing 3,600+ acres A committed group of volunteers		
		d critical support to implement trail improvements, including the installation of kiosks,		
		e, and trail markers at the Powwow River Woodlands in South Hampton, the Kimball Reserve in		
			. <b></b>	
	employ	ees of Timberland and Vapotherm, and Philips Exeter Academy students, greatly advancing		
	trail imp	rovements at the Mast Road Natural Area in Epping and invasive plant removal along the		
	Pawtuc	kaway River. At SELT's Burley Farms, after consultation with wildlife biologist, SELT		
	restore	d young forest habitat along the 40 acre beaver pond to create habitat diversity.		
	Addition	nal work at the Burley Farms included the restoration of the farm fields through invasive		
		moval and the planning for a public trail system.		
4d		rogram services (Describe in Schedule O.)		
	(Expen		0)	
-4e	Total pr	ogram service expenses ► 7,688,625		

art	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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_	Х	
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	<del>-</del>	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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	6_	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 .	7	Χ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	{	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		-	
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
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	10	v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	. • ***********************************
• •	VII, VIII, iX, or X as applicable	, 🦃		3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	х	
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	11b	Х	
С	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	11c		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.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	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	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b>  ' ''</b>		
124	Schedule D, Parts XI and XII	12a	Х	
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	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ł		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	J		
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<b>—</b> –	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.	15		_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	··~		<del>  ^`</del>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
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	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	19		Χ

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 1	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1	1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	]		
	employees? If "Yes," complete Schedule J	23		_ <u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	\		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_ <u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
4	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254	$\dashv$	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	Į Į	ļ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		$\neg \neg$	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	***		34.6
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	2.5		100
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	) i		
	Schedule L, Part IV	28b	$\rightarrow$	_ <u>X</u> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		İ	.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del>-,  </del>	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule M</i>	,,	νl	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30	_X	
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	H-1	$\neg \dashv$	
-	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			_
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		ļ	
	VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_ ,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	_X_	
		Form	990 (	(2016)

Form 990 (2016) 02-0355374 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. . . . No 30 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable ... Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . 1c . . . 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. C . . . . . . . . Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? . . . . . 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . If "Yes," indicate the number of Forms 8282 filed during the year . d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . 7e e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b b 11 Section 501(c)(12) organizations. Enter-Gross income from members or shareholders . а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b| b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? . . . Note. See the instructions for additional information the organization must report on Schedule O. 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 . . 13b C Enter the amount of reserves on hand . . . . . . . . . . Did the organization receive any payments for indoor tanning services during the tax year? 14a Х

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 9	90 (2016) Southeast Land Trust of New Hampshire 02-03	55374	P	age <b>6</b>
Par	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. S	ee ins	tructio	ons.
•	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	<b>)</b>	13	
	If there are material differences in voting rights among members of the governing body, or		1. 1	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>)</u>		
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			ļ
	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	L	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		ļ	}
	one or more members of the governing body?	7a	Х	ļ
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:	I	Æ.	<i>69</i> .
а	The governing body?	8a	_X_	
þ	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		<u> </u>	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.		T
40	Delth and a self-alone I calculated because a self-alone	400	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,	406		}
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .	10b	<del></del>	
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	11
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<del>  ^-</del>	
C	describe in Schedule O how this was done	12c	X	l
13	Did the organization have a written whistleblower policy?	13	$\frac{\hat{x}}{x}$	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	X	i
15	Did the process for determining compensation of the following persons include a review and approval by	W. /	1	16-7I
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ŷij.	
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	<del></del>	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		3
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MA, 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 onl	у)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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 po	lıcy, ar	nd	
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records.

Brian Hart, Executive Director (603) 778-6088
6 Center Street, Exeter, NH 03833

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Form 990 (2016)	Southeast Land Trust of New Hampshire	02-0355374	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employee	es, Highest Compensated	
	Employees, and Independent Contractors	-	
•	Check if Schedule O contains a response or note to any line in this	s Part VII.............	. 🖂

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."

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Section A.

- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	box,	(C) Position (do not check more th box, unless person is officer and a director/t				an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
(1) Roger Stephenson	4 00									
President	0 00	X		X		<u> </u>	L			
(2) Samuel Reid	3 00									
Vice President	000	X		X						
(3) Ann Welsh	2 50									
Secretary	0.00	Х		X						
(4) Ann Smith	2 50									
Treasurer	000	X		X		<u> </u>				
(5) Terry Coyle	1 50				,					
Director	0 00	Х					<u> </u>			
(6) Don Briselden	1 00									
Director	0.00	X		_						
(7) Bill Campbell	1 50									
Director	000	X								
(8) Tom Chamberlin	1.00		Γ							
Director	0 00	Х								
(9) Bob Eaton	2 00									-
Director	0 00	X			<u> </u>					
(10) David Kırkpatrıck	1.00									
Director	0 00	X	Ĺ	<u>.</u>						
(11) Scott Marion	1.00									
Director	0.00	X						_	<u> </u>	
(12) Linda McGivern	0 75									
Director	0 00	X	L	<u>L</u> _		<u> </u>				
(13) Robin Najar	1 00									
Director	0 00	X	L			L				
(14) Joan Pratt	2.00						l			1
Director	0 00	X								

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title		(B) Average hours per	(C) Position (do not check more that box, unless person is bo officer and a director/tru				is both	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)	Rick Russman	1 50									
Direc		0 00		_	<u>L</u> .	_		_			<u> </u>
(16) Direc	Laurie Smith	1.50 0.00	l								
	Emma Tutora	2.00			$\vdash$			-			<del>                                     </del>
Direc		0 00	1	}	Ì	] '		1	[		1
(18)	Dan Wyand		4								
Direc		0 00		-				<u> </u>			
	Dan Clapp	0.75 0 00	1								
(20)		<del> </del>	<u> </u>	1	$\vdash$			<del> </del>	<del>                                     </del>		
											<u></u>
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Sub-total							•	0	(	0
	Total from continuation sheets to Part VII, S	ection A .						•	0		+
d	Total (add lines 1b and 1c)						· ·	<u> </u>	0	000 -6	0
2	Total number of individuals (including but not lirreportable compensation from the organization				•		recei	vea	more than \$100	,000 01	
		<del></del>			<u> </u>						Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched		•	•			_		•		3 X
4	For any individual listed on line 1a, is the sum	of reportable con	npens	satio	on a	nd d	other	con	npensation from		
	the organization and related organizations great	ater than \$150,00	00? <i>II</i>	f "Ye	s,"	com	plete	So	hedule J for sucl	ל	
	ındıvıdual	•									4 X
5	Did any person listed on line 1a receive or accident for services rendered to the organization? If "Y	•			-			_		ridual 	5 X
	ion B. Independent Contractors										
1	Complete this table for your five highest compecompensation from the organization. Report of year										tax
	(A) Name and business add	Iress							(B) Description of services	vices	(C) Compensation
Demo	ont Associates 477 Congress	St Fifth Floor Po	rtland	d, M	E 0	410	1	Pro	of fundraising &	consulting	194,500
									<del></del>	<del></del>	0
				-			·	$\vdash$			0
								$\vdash$		<del></del>	0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ed to	tho	se l	ste	d abo	ve)	who received		٠

Pari	VIII	Statement of Revenue Check if Schedule O contains a res	nonse or n	note to any line in	this Part VIII			. [7
* *			) ,	· , , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ilfts, Grants ar Amounts	1a b c d	Federated campaigns	0 169,921 43,851 0					
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants (contributions).  All other contributions, gifts, grants, an similar amounts not included above.  Noncash contributions included in lines 18	1f	2,647,660 3,360,578 313,383				
	h 2a	Total. Add lines 1a–1f  Contracted services		Business Code 531390	6,222,010 4,729			
Program Service Revenue	b c d e				0 0			
Progra	f g 3	All other program service revenue .  Total. Add lines 2a–2f  Investment income (including dividend	s, interest,	. <b>▶</b>		(3) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	<b>4 5</b>	other similar amounts) Income from investment of tax-exempt Royalties		ceeds	16,339			16,339
	6a b c	Gross rents	0					
	d 7a b	Net rental income or (loss)  Gross amount from sales of assets other than inventory.  Less: cost or other basis	Securities 0	(II) Other	0			
	c d	and sales expenses Gain or (loss) Net gain or (loss)	0	0	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 43, of contributions reported on line 1c) See Part IV, line 18	.851 a	43,667				
the l		Less direct expenses	. <b>b</b>	31,441	*		\	
		Net income or (loss) from fundraising of Gross income from gaming activities.  See Part IV, line 19		•	12,226			
	С	Less: direct expenses		•	0			
	b	returns and allowances Less cost of goods sold Net income or (loss) from sales of inve	b	0	0			
		Miscellaneous Revenue		Business Code				ļ
	11a			531390	1,111		<del> </del>	<del> </del>
	b			<del> </del>	1	+	<del> </del>	<del> </del>
	d	All other revenue	· ·	<u> </u>	0	<del></del>	<u> </u>	
	е	Total. Add lines 11a–11d		>	1,111	<del></del>		
	12	Total revenue. See instructions		▶	6,256,415	5,840	O	16,339

# Part IX Statement of Functional Expenses

Section 501(c	c)(3) and 501(c)(4) organizations must complete all columns All other organizations	must complete column (A)
•	Chack if Schodula O contains a response or note to any line in this Bort IV	

	not include amounts reported on lines 6b, 7b, 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		0.190.133		
	domestic governments See Part IV, line 21	o			
2	Grants and other assistance to domestic				A 1 12 (A)
	ındıvıduals. See Part IV, line 22	o			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			8	
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	547,912	370,072	152,492	25,348
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	16,824	11,363	4,682	779
9	Other employee benefits	49,534	33,457	13,786	2,291
10	Payroll taxes	43,687	29,507	12,159	2,021
11	Fees for services (non-employees)				
а	Management	0			
þ	Legal	52,336	52,336	0	0
C	Accounting	13,000	0	13,000	0
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	98,461			98,461
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	463,488	447,516	15,972	0
12	Advertising and promotion	0			
13	Office expenses	27,406	11,172	15,526	708
14	Information technology	0			
15	Royalties	0	_		
16	Occupancy	12,971	164	12,807	0
17	Travel	6,442	5,700	742	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,215	1,058	97	60
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,927	0	20,927	0
23	Insurance	23,305	20,152	3,153	0
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)				
		6,651,152	6 65 1 150	0	
h	Cota area and hadra south		6,651,152 15,205		0
0		15,205		2,848	
c d	Printing and copying Property taxes	27,378 17,825	23,241 8,864		1,289
e	All other expenses All other expenses	34,044	7,666		
-	Total functional expenses. Add lines 1 through 24e	8,123,112	7,688,625		131,465
25 26	Joint costs. Complete this line only if the	0,123,112	1,000,025	303,022	131,403
20	organization reported in column (B) joint costs				
	from a combined educational campaign and	İ			
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720) .				
	101104111g 001 00 2 (7100 000-120) .	L	·	L	

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	·		· · · · ·
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	326,361	1	321,263
	2	Savings and temporary cash investments	808,597	2	1,237,706
	3	Pledges and grants receivable, net	6,513,688	3	4,349,628
	4	Accounts receivable, net	68,581	4	20,736
	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			
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L		6	
\ss	7	Notes and loans receivable, net	0	7	0
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,075	9	15,382
	10a	Land, buildings, and equipment. cost or			
		other basis Complete Part VI of Schedule D 7,110,478	7 4 4 4 700	40-	7,000,000
	b	Less accumulated depreciation	7,144,798	10c	7,068,889
	11	Investments—publicly traded securities	770 207	11	700 202
	12 13	Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11	770,287 516,200	12	788,382 566,683
	14	Intangible assets	310,200	14	0 500,063
	15	Other assets. See Part IV, line 11	171,000	15	150,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,327,587	16	14,518,669
	17	Accounts payable and accrued expenses	57,363	17	26,495
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	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 (including federal income tax, payables to related third		•	
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	57,363		26,495
<b>/</b> 0		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ë		complete lines 27 through 29, and lines 33 and 34.			
al	27	Unrestricted net assets	1,600,185		2,745,348
Ba	28	Temporarily restricted net assets	8,077,333		4,956,762
밀	29	Permanently restricted net assets	6,592,706	29	6,790,064
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
ž	33	Total net assets or fund balances	16,270,224		14,492,174
	34	Total liabilities and net assets/fund balances	16,327,587	34	14,518,669

-OHII &	Southeast Land Trust of New Hampshire		-0355374	Page	ız
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		3,256,4	<del>1</del> 5
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,123,1°	12
3	Revenue less expenses. Subtract line 2 from line 1	3		1,866,69	97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	3,270,2	<u>24</u>
5	Net unrealized gains (losses) on investments	5		88,64	47
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14	1,492,17	<u>74</u>
Part	XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	L_	
				Yes N	
1	Accounting method used to prepare the Form 990.		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		38		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	>	<u>(</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		110		2-¶
	reviewed on a separate basis, consolidated basis, or both		á.i.		
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		36	. Si 6	
	separate basis, consolidated basis, or both				M
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				X
	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		7 × 8		1
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		p.		-
	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	Х	
			Form	<b>990</b> (20	16)

# **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. ► Attach to Form 990 or Form 990-EZ.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service e of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Maine	, OI LI	ie organization					Employer identification	number	
Sout	h <u>ea</u>	st Land Trust of New Hampshire	9			_	02-03	55374	
Pai	τl	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.		
The	orga	anization is not a private foundat							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 1	<b>170(b)(1)(A)(ii)</b> . (Att	ach Schedule E (Form	990 or 99	90-EZ))			
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(	b)(1)(A)(ii	i).		
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 th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6	$\Box$	A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170	)(b)(1)(A)(	(v).		
7	X	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental ı	unit or from the gene	ral public	
8	П	A community trust described in		•	II.)				
9		An agricultural research organizor university or a non-land-granuniversity	zation described in s	section 170(b)(1)(A)(ix	) operated				
10		An organization that normally re receipts from activities related to support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	is, and (2) s section :	no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ety See <b>s</b> e	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).	
а	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 organia control or management of the organization(s) You must control Type III functionally integral	ne supporting organi complete Part IV, Se	zation vested in the sa	me perso	ns that co	ntrol or manage the	supported	
	L	its supported organization(s						rated with,	
d	]	Type III non-functionally in that is not functionally integr requirement (see instruction	ntegrated. A support ated The organizat	ting organization operation generation	ated in cor	nection w	outh its supported org		
е	Į	Check this box if the organiz					ı Type I, Type II, Type	e III	
,		functionally integrated, or Ty		lly integrated supportir	ng organiz	ation		f	
T		Enter the number of supported of Provide the following information	-		• •	•		. [0	
9	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)				-			-		
/D)					ļ	<u> </u>		<del></del>	
(B)									
(C)									
(D)			-	······					
(E)				·············					
T-4-									

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.)

Caendar year (or fiscal year beginning in)   (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total membrarish fees received (10 not include any "unusual grants")   4,522,407 1,724,168 3,362,421 8,509,666 6,222,010 24,340,672	<u>Sec</u>	tion A. Public Support			···			
membership fear rocoved (Do not include mixed and "Yarusaus) grains" 1.	Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
	1	Gifts, grants, contributions, and						
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add inset through 3  5 The portion of total contributions by each person (clother than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Public support Subtract line 5 from line 4  6 Public support Subtract line 5 from line 4  8 Cross income from interest, dividends, payments received on securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, rents, cryolates and income from securities iolans, regularly carried on 10 Other income Do not include gain or less from the sale of capital assets (Explain in Part VI)  10 Total support, Add lines? through 10 Cryolates are publicly support securities, etc. (see instructions)  11 Total support, Add lines? through 10 Cryolates are publicly support securities, etc. (see instructions)  12 44,457,836  13 First five years, if the form 990 is for the organization for line 11, column (f))  14 Total support, Add lines? through 10 for deded by line 11, column (f))  15 Total support, add lines? through 10 for deded by line 11, column (f))  16 33,13% support test—2016. If the organization of an ordinate above on line 13, and line 14 is 33,13% or more, check this b		· · · · · · · · · · · · · · · · · · ·						
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Section B. Total Support  6 Public support. Subtract Line 5 from line 4  8 Celendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly cared on loss from the sale of capital assets (Explain in Part VI) or 10 Unter income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 412 6,383 274 2,824 1,111 1,110,004 11 Total support. Add lines 7 through 10 412 6,383 274 2,824 1,111 1,1004 11 Total support. Add lines 7 through 10 412 6,383 274 2,824 1,111 1,004 11 Total support bercentage for 2016 (line 6, column (f) divided by line 11, column (fi) 14 76 84% 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 3 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization in Part VI in with eorganization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI in which eorganization meets the "facts-and-circumstances" test, check this box on sond stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on sond stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on sond stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on sond stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. Check this box on sond stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on sond stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  10 10%-facts-and-ci								
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(Explain in Part VI ) 412 6,383 274 2.824 1,111 11,004  11 Total support. Add lines 7 through 10 24,457,849  12 Gross receipts from related activities, etc (see instructions) 12 48,396  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 76 84%  15 Public support percentage from 2015 Schedule A, Part II, line 14 15 78 688%  16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization here. Support the organization qualifies as a publicly supported organization here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.    ■ Priva	10						İ	
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# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge						0
6	Total. Add lines 1 through 5.	0	0	0	0	0	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
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
_	line 6)		- 不 <b>然</b> 意、x * * * * * * * * * * * * * * * * * * *			1.00	0
	ction B. Total Support	(2) 2010	(h) 2042	(-) 004 <i>4</i>	(-1) 0045	(*) 0040	(D. Total
	ndar year (or fiscal year beginning in)	(a) 2012 0	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6					- 0	0
102	Gross income from interest, dividends,						
	payments received on securities loans,						0
<b>.</b>	rents, royalties and income from similar sources		<del></del>				
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business	<u> </u>			<del>                                     </del>		
11	activities not included in line 10b, whether						
	or not the business is regularly carried on				<u>'</u>		0
12	Other income Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI )				Ì	]	0
13	Total support. (Add lines 9, 10c, 11,			<del></del>			
	and 12.)	l ol	0	0	0	l	0
14	,	organization's first, s	second, third, fourti	h, or fifth tax year	as a section 501(c)		
	organization, check this box and stop here	•					▶
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2016 (line 8,	column (f) divided b	y line 13, column (	f))		15	0 00%
16_	Public support percentage from 2015 Sched	lule A, Part III, line	15	<u> </u>		16	0 00%
Sec	ction D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2016 (lin	e 10c, column (f) di	vided by line 13, o	olumn (f)) .		17	0 00%
18	Investment income percentage from 2015 S	ichedule A, Part III,	line 17			18	0 00%
19a	33 1/3% support tests—2016. If the organ	ization did not ched	k the box on line 1	4, and line 15 is m	nore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and	<b>stop here</b> . The org	anızatıon qualıfies	as a publicly supp	orted organization		. ▶ 🗀
þ	33 1/3% support tests—2015. If the organ						<u>-</u>
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported org	anization	<b>▶</b> <u>L</u>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	s	. ▶

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and **how** the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and **discretion** despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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 or 990-EZ)
- 9a 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 **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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 **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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)

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10h	I	1

		Trust of New Hampshire	02-0355374	P	age <b>5</b>
Part	IV Supporting Organizations (conti	inued)			
			l <u>® ∵</u>	Yes	No
11	Has the organization accepted a gift or contri			4	*
а	· · · · · · · · · · · · · · · · · · ·	ither alone or together with persons described in (b) and (c)	44.0		<b></b>
	below, the governing body of a supported org		11a	+	<del> </del>
þ	A family member of a person described in (a)		11b	+	├
C		I in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	rt VI.   11c	<u>-</u>	L
Secti	ion B. Type I Supporting Organizations			Yes	No
4	Did the directors trustees or membership of	and or mare supported organizations have the power to	<i>2</i> 862	163	₹ <b>%</b> 3
1		one or more supported organizations have the power to			
	· · · · · · · · · · · · · · · · · · ·	f the organization's directors or trustees at all times during the	1-1500 7d		4.5
	-	supported organization(s) effectively operated, supervised, organization had more than one supported organization,			2
		emove directors or trustees were allocated among the support	tod (		
		ons, if any, applied to such powers during the $ta  imes y$ ear.	100		القبخشا
2	•	f any supported organization other than the supported		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
_	- · · · · · · · · · · · · · · · · · · ·	controlled the supporting organization? If "Yes," explain in Pa	art III		
		purposes of the supported organization(s) that operated,	" <b>"</b>		
	supervised, or controlled the supporting organ		2		لكنكا
Secti	ion C. Type II Supporting Organization			ــــــ	L
0000	ion o. Type if cupporting organization	<u> </u>		Yes	No
1	Were a majority of the organization's director	s or trustees during the tax year also a majority of the directo	rs 📆		
•	• • •	orted organization(s)? If "No," describe in <b>Part VI</b> how control	1 823/17 - 30		
		n was vested in the same persons that controlled or manage	188.4.2		
	the supported organization(s).	Thrus voice in the same persons that same and a manage	1	أستكلت	لستنسختا
Secti	ion D. All Type III Supporting Organiza	tions			<u> </u>
			<del></del>	Yes	No
1	Did the organization provide to each of its sui	pported organizations, by the last day of the fifth month of the		15.5	5.3
		scribing the type and amount of support provided during the			
		st recently filed as of the date of notification, and (III) copies of			
		on the date of notification, to the extent not previously provid		-	
2		tors, or trustees either (i) appointed or elected by the support		2 30	W 4
		g body of a supported organization? If "No," explain in Part \		I je.	
		inuous working relationship with the supported organization(s			
3	By reason of the relationship described in (2)	, did the organization's supported organizations have a	W . W		
	•	ent policies and in directing the use of the organization's		17	
		ear? If "Yes," describe in Part VI the role the organization's	3"	Æ.	
	supported organizations played in this regard	·	3		
Secti	ion E. Type III Functionally Integrated	Supporting Organizations			
1	Check the box next to the method that the or	ganization used to satisfy the Integral Part Test during the ye	ar ( <b>see instructio</b> i	ns)	
а	The organization satisfied the Activities Te	est Complete line 2 below.			
b	The organization is the parent of each of i	ts supported organizations Complete line 3 below			
C		tal entity Describe in Part VI how you supported a governme	ant entity (see instri	ıctions	:)
·		tal chary bescribe in rail virion you supported a governme	ant chary (occ mone		
2	Activities Test. Answer (a) and (b) below.		<u></u>	Yes	No
а		vities during the tax year directly further the exempt purposes		}	
	• • • • • • • • • • • • • • • • • • • •	ganization was responsive? If "Yes," then in Part VI identify			
		in how these activities directly furthered their exempt purpos	ì		
		e supported organizations, and how the organization determi		-}	لـــــا
_	that these activities constituted substantially		2a	<b>┼</b>	<b>├</b>
b	The state of the s	activities that, but for the organization's involvement, one or m		-	
		s) would have been engaged in? If "Yes," explain in Part VI t	he		1
		s supported organization(s) would have engaged in these			<b> </b>
	activities but for the organization's involveme		<u>2b</u>	4	<del> </del>
3	Parent of Supported Organizations Answer				
а		arly appoint or elect a majority of the officers, directors, or	ļ		
_	trustees of each of the supported organization		3 <u>a</u>	<del> </del>	<del> </del>
b	_	egree of direction over the policies, programs, and activities of			لــــا
	of its supported organizations? If "Yes." desc	ribe in <b>Part VI</b> the role played by the organization in this rega	ard. 3b	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov 20, 1970 (explain	ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızatıd	ons 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	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	i.		
instructions for short tax year or assets held for part of year)	5.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u></u>
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	7 (. 6 ()		
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	70/16 (1986) - 18/6/1980	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	7 🕻 a 1980 é 1980 a 1980 e	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional instructions)	lly inte	egrated Type III supporting	organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	1		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organiz	ations	
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	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which	the organization is respo	nsive	<u></u>
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
ď	From 2014	The transfer of the contract o		
е	From 2015 .			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2016 from			
	Section D, line 7 <sup>-</sup> \$			
a	Applied to underdistributions of prior years	£ 35 95 % - 1	0	A 4 A 5 A 5 A 6 A 7 A 1
b	Applied to 2016 distributable amount	is is to the	3,600 m 33 7 3 3 3 4 1 2 4	0
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2016, if	7	-	
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions	7 7 4		0
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	0		
8	Breakdown of line 7			
a				
b	Excess from 2013 (			
c	Excess from 2014 (			
d	Excess from 2015 (			
	Excess from 2016 (			

Schedule A (Fo	m 990 or 990-EZ) 2016	Southeast Land Tr	ust of New Hampshire		02-0355374	Page 8
Part VI		rmation. Provide the	explanations required by	y Part II, line 10; Part II, line 17		
				9b, 9c, 11a, 11b, and 11c, Par		
•				s 2 and 3; Part IV, Section E, I		
				on D, lines 5, 6, and 8, and Pa	irt V, Section E,	
	lines 2, 5, and 6 Als	so complete this part f	or any additional informa	ation (See instructions)		
		·				
	+					
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				.,		
			· <del></del>			

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<u>• s</u>	Section 501(c)(4), (5), or (6) o	rganizations. Complete Part III.			
Nam	e of organization			Emplo	yer identification number
Sout	theast Land Trust of New I				02-0355374
Pa		the organization is exempt und			
1		he organization's direct and indirect p	oolitical campaign a	activities in Part IV. (see i	nstructions for
	definition of "political cam	, ,			
2	Political campaign activity	y expenditures (see instructions)		<b>.</b>	\$
3	Volunteer hours		<del></del>	<del></del>	
Pa		the organization is exempt und			
1	<del>-</del>	excise tax incurred by the organization			\$
2		excise tax incurred by organization m	-		\$
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?		L Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part I	IV			
Pai	rt I-C Complete if t	he organization is exempt und	ler section 501	(c), except section 50	01(c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function	
	activities			•	\$
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati	ons for section	
	527 exempt function activ	vities			\$
3	Total exempt function exp	penditures. Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL,	
	line 17b				\$ 0
4	Did the filing organization	file Form 1120-POL for this year?.			Yes No
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	ion 527 political organiza	tions to which the filing
		ents For each organization listed, en			
		ntributions received that were prompt			
	as a separate segregated	fund or a political action committee	(PAC) If additiona	space is needed, provid	e information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				1	delivered to a separate
					political organization If none, enter -0-
				· · · · · · · · · · · · · · · · · · ·	
(1)					
<u> </u>	<del></del>	<b> </b>	<u> </u>		<del></del>
(2)			1		
	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
(3)					
(4)					
				<del> </del>	<del> </del>
(5) ———					
(6)					

P	Complete if the organization	is exempt	under section 5	01(c)(3) and filed	Form 5768 (ele	ction	
_	under section 501(h)).		efficient /-	nd link in Dank IV a	ach offiliated ===		
A	Check ▶ if the filing organization bel name, address, EIN, exper					up members	
В	Check ► if the filing organization che						
_	Limits on Lobby (The term "expenditures" me	ring Expendit	tures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence publi	c opinion (gra	ss roots lobbying).			0	
b	Total lobbying expenditures to influence a leg	islative body	(direct lobbying)			0	
С	Total lobbying expenditures (add lines 1a and	l 1b) .			0	0	
d						0	
е	Total exempt purpose expenditures (add lines		•		0	0	
f	Lobbying nontaxable amount Enter the amount	unt from the fo	ollowing table in bot	h			
	columns	<del>,</del>			0	0	
Į	If the amount on line 1e, column (a) or (b) is:	<del></del>	ng nontaxable amou	ınt is:			
ļ	Not over \$500,000		mount on line 1e				
	Over \$500,000 but not over \$1,000,000		us 15% of the excess				
]	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess				
]	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000.			
	Over \$17,000,000	\$1,000,000			0	<u></u>	
9	Grassroots nontaxable amount (enter 25% of				0	0	
h	Subtract line 1g from line 1a If zero or less, e				0		
!	Subtract line 1f from line 1c. If zero or less, e				0	0	
J	If there is an amount other than zero on either		•	zation file Form 4/2	υ reporting Γ	Yes No	
	section 4911 tax for this year?		·		• • • • • •	Yes No	
	(Some organizations that made a se	ction 501(h) e	g Period Under sed election do not hav tructions for lines	ve to complete all o	of the five columns	below.	
_	Lobbyin	g Expenditur	es During 4-Year A	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total	
2a	Lobbying nontaxable amount				0	0	
b	Lobbying ceiling amount (150% of line 2a, column(e))					0	
С	Total lobbying expenditures				0	0	
d	Grassroots nontaxable amount				0	0	
е 	Grassroots ceiling amount (150% of line 2d, column (e))					0	
f	Grassroots lobbying expenditures				o	0	

Schedule C (Form 990 or 990-EZ) 2016

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576		rage o
For	pach "Vas " response on lines to through ti helew provide in Part IV a detailed	(a	1)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	,	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Χ		*	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
С	Media advertisements?		Х		7	
đ	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				2,186
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total Add lines 1c through 1i		: %			2,186
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			(1)
b	If "Yes," enter the amount of any tax incurred under section 4912		N. C.			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		(3)			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			40.1		
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or s	ection	1	
	501(c)(6).	,, ,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	+	<del> </del>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	• •	2	<del>                                     </del>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year	r2	•	3	┼	<del> </del>
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)		Or s		<u></u> _	<u> </u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."					3, is
1	Dues, assessments and similar amounts from members	_	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			1		
а	Current year	i	2a			
b	Carryover from last year		2b			
С	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group le instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ıst), F	Part II-	A, line	s 1 and	d
Part	II-B Line 1b & 1g Executive Director Brian Hart participated in Advocacy Days in Washington,					
D.C	on April 12 and April 13 He and volunteers met directly with Senator Kelly Ayotte, Senator		<del>-</del>			
Jean	ne Shaheen, Congresswoman Anne Kuster, and the staff of Congressman Frank Guinta, to discuss					
fundi	ng for conservation programs. Brian also met, along with other conservation organizations,					
offici	als of the US Fish and Wildlife Service to provide feedback for the proposed Great Thicket					
Natio	onal Wildlife Refuge. In addition, on April 25, Executive Director Brian Hart participated in a		<b>-</b>			<del>-</del>
publi	c celebration of the Thompson Forest, conserved with funding from the Land and Water					

Page 4

Part IV	Supplemental Information (continued)
Conservatio	on Fund. Participants included Senator Kelly Ayotte, members of the Town of Durham
government	, and staff from NH state agencies. Reported expenses include airfare, hotel, food, and
staff costs	
^	
~ <b>~~</b> ~~~~~	

# SCHEDULE D (Form 990)

# Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Southeast Land Trust of New Hampshire Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year . . . 2 45,139 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 178,130 4 Aggregate value at end of year 213,933 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes funds are the organization's property, subject to the organization's exclusive legal control?. 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 X Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). X Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area X Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 228 b Total acreage restricted by conservation easements 2b 12,313.00 Number of conservation easements on a certified historic structure included in (a) . . 2c 0 C 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 0 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . X Yes . . 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **1,398 25** 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** \$ 149,026 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?. 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X

Sched	ule D (Form 990) 2016 Southeast Land Tri	ust of New Hampshir	e		02-03553	74	P	age 2		
Par	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).		. 🗆 .							
а	Public exhibition		d Loan o	or exchange progra	ms					
b	Scholarly research		e Other							
С	Preservation for future generation	ons								
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 s assets to be sold to raise funds rather					Yes	s 🔲	No		
Pari	IV Escrow and Custodial Arra	angements.								
	Complete if the organization 990, Part X, line 21.	_	on Form 990, Pa	rt IV, line 9, or rep	oorted an amount	on Fo	rm			
1a	Is the organization an agent, trustee, or	custodian or other into	ermediary for contr	ibutions or other as	sets not			-		
	included on Form 990, Part X?				[	Yes	s	No		
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the following table							
					An	nount				
С	Beginning balance			<u>  1</u>				0		
d	Additions during the year .			. 1	···					
e	Distributions during the year .	•			e					
f	Ending balance				<u>f                                     </u>		—	0		
2a	Did the organization include an amour	nt on Form 990, Part	X, line 21, for escr	ow or custodial acc	ount liability?	Yes	s	No		
b	If "Yes," explain the arrangement in Pa	art XIII Check here if	the explanation ha	s been provided or	Part XIII	•				
Part										
	Complete if the organization									
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Fou	ır years			
1a	Beginning of year balance	99,677	106,569	105,294	96,132	<del></del>	90	0,350		
b	Contributions									
С	Net investment earnings, gains,									
	and losses	7,173	-2,157	5,656	13,509		1(	0,309		
d	Grants or scholarships .	·				<del></del>				
е	Other expenditures for facilities	4.440	4.050	0.700	0.700			0.00		
	and programs	4,140	4,052	3,722	3,708			3,865		
T	Administrative expenses	691 102,019	683 99,677	659 106,569	639 105,294			662 6,132		
9 2	End of year balance				105,294	-		0,132		
	Board designated or quasi-endowmen		, -	numm (a)) neiu as.						
a	Permanent endowment	t ► 100%	%_							
b	Temporarily restricted endowment	► %								
С	The percentages on lines 2a, 2b, and		D/_							
3a	Are there endowment funds not in the			held and administr	ared for the					
Ja	organization by.	hossession of the or	ganization that are	neiu anu auministe	a ed TOT title	Г	Yes	No		
	(i) unrelated organizations				ĺ	3a(i)	X	110		
	***					3a(ii)	$\stackrel{\sim}{+}$	Х		
b	If "Yes" on line 3a(II), are the related o					3b	+			
D	ii res on line sa(ii), are the relateu o	ryanizalions listeu as	required on some	uule Kr		30				

#### 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" on 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	0	6,437,817		6,437,817			
b	Buildings	0	643,300	19,237	624,063			
С	Leasehold improvements	0	0	0	0			
d	Equipment	0	29,133	22,352	6,781			
е	Other	0	228	0	228			
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Page 3

Part VII Investments—Other Securities.

<del>_</del>	Complete if the organization ar	nswered "Yes" on Form 99	90, Part IV, line 11 b. See Form 990,	Part X, line 12.
	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
(1) Financial de	erivatives	0		
(2) Closely-held	d equity interests	0		
(3) Other NH	CF- Southeast Land Trust Fund	97,819	F	
(A) NHCF- F	Piscassic Greenway Fund	102,019	F	
(B) NHCF- E	asement Stewardship Fund	588,544	F	<del>_</del>
(C)				
(D)				
(E)				_ <del>_</del>
<u>(F)</u>			<u> </u>	
(G)				<del></del>
(H)				
Total. (Column (b) mu	st equal Form 990, Part X, col (B) line 12)	788,382		
Part VIII	Investments—Program Relat	ed.		
	Complete if the organization ar	nswered "Yes" on Form 99	00, Part IV, line 11 c See Form 990,	Part X, line 13.
(	a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
(1)				
(2)				<del>_</del>
(3)				
(4)				
(5)				
(6)	<del> </del>			
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col (B) line 13)	0		70 V
Part IX	Other Assets.			
<del></del> -	Complete if the organization ar	nswered "Yes" on Form 99	90, Part IV, line 11d. See Form 990,	Part X, line 15
	<del>-</del>	a) Description		b) Book value
(1)	<del></del>			
(2)				
(3)	······································			
(4)	<del> </del>			<del></del>
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, co	ol (B) line 15)		0
Part X	Other Liabilities.			
		nswered "Yes" on Form 99	00, Part IV, line 11e or 11f. See Form	n 990. Part X.
	line 25.		, , , , , , , , , , , , , , , , , , , ,	
1.	(a) Description of liability	(b) Book value		
(1) Federal in	<del></del>	0		
(2)			Í	
(3)		<del> </del>		
(4)				
(5)	<del> </del>			
	<del></del>			
(6)		<del> </del>	1	
<u>(7)</u>		<del> </del>	1	
(8)		<del> </del>	1	
(0)				
(9)	st equal Form 990, Part X, col (B) line 25)			

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	·		•	Return	
<del>.</del>	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line	12a.	<del></del>	0.045.000
	Total revenue, gains, and other support per audited financial statements			1 28 3	6,345,062
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		00.047		
a	Net unrealized gains (losses) on investments	2a	88,647	#	
b	Donated services and use of facilities	2b		1 1	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	88,647
3	Subtract line 2e from line 1			3	6,256,415
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	}			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>		
b	Other (Describe in Part XIII )	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>		5	6,256,415
Part				er Retu	ırn.
1	Complete if the organization answered "Yes" on Form 990, Pa Total expenses and losses per audited financial statements	art IV, line	12a.	1	8,123,112
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-200	6,123,112
2		ا مو ا			
a	Donated services and use of facilities	2a		-   Y	
b	Prior year adjustments	2b		-	
C	Other losses	2c		<u> </u>	
d	Other (Describe in Part XIII )	2d			
e	Add lines 2a through 2d			2e	0.100.410
3	Subtract line 2e from line 1.	i .	• • •	3	8,123,112
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
c	Add lines 4a and 4b	• •		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	····	<u> </u>	5	8,123,112
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P				4, Part X, line
2; Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro	vide any ad	dditional informa	ation	
Part I	Line 9 Conservation easements are recorded at cost if purchased. Once the ease	sement			
has b	een acquired the value of the asset is written down to a value of \$1 on the Stater	nent			
of Fin	ancial Position with a corresponding entry to Program Service costs. Donated				
02501	ments are not recorded as an asset, revenue or expense but a record of the trans	action			
	monto dio not rosordot do dir dossi, revoltad di expense par a recont di the tranc	COLOT			
ıs ma	intained and the details of the transaction are reported in a footnote to the				
	and state on a fa				
tinano	cial statements.				
			<b></b>		

Schedule D (Form		Southeast Land Trust of New Hampshire	02-0355374	Page 5
Part XIII	Supple	emental Information (continued)		
				<b></b> .
				<b></b>
				<b></b>
				- <b></b>
	••			<b>-</b>
	·			
	<b></b>			
			·	
				<b></b>
	<b></b>			

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection
Employer identification number

	Trust of New Hampshire					02-03	
	ndraising Activities. C				ered "Yes" on For	m 990, Part IV, lii	ne 17.
	rm 990-EZ filers are not whether the organization ra				a activities Check	all that annly	
<b>b</b> X Interi	net and email solicitations		=		of government grants		
c X Phor	ne solicitations		=		raising events		
d X In-pe	erson solicitations		•	,	3		
	organization have a written	or oral agreemer	it with an	v individual	(including officers, d	lirectors, trustees, o	or
	loyees listed in Form 990, I	-		•	•		X Yes No
<b>b</b> If "Yes," !	list the 10 highest paid indi	viduals or entities	(fundras	sers) pursua	ant to agreements u	nder which the fund	raiser is
to be cor	mpensated at least \$5,000	by the organization	on				
<del></del>		<del>, ,</del>					
	and address of individual entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
<del></del>			Yes	No			<del></del>
1 Demont Ass		Comprehensive					
	St. Fifth Floor Portland ME (	campaign		X	3,232,010	98,461	3,133,549
2		1			o	o	0
3							
4				<del>                                     </del>	0	0	0
5		<del>   </del>		-	0	0	0
					0	0	0
6					0	0	0
7			-		0	0	0
8				1 -			
9				+	0	0	0
				1	0	0	0
10				<u> </u>	0	0	0
Total	<del> </del>			. ▶	3,232,010	98,461	3,133,549
	ates in which the organizat	ion is registered	or license	ed to solicit			
	on or licensing						
MA, NH							

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) Fall Foliage Film Festival All Other (event type) (event type) (total number) Revenue Gross receipts 57,152 26,922 3,444 87,518 Less Contributions 27,550 14.350 1,951 43,851 Gross income (line 1 minus line 2) 29,602 12,572 1,493 43,667 Cash prizes . 0 Noncash prizes 0 0 Direct Expenses Rent/facility costs 645 6,026 0 6,671 Food and beverages . 10,694 1,189 0 11,883 600 0 Entertainment 1,350 1,950 Other direct expenses. 4,530 1.457 4.950 10.937 Direct expense summary Add lines 4 through 9 in column (d). 31,441) Net income summary. Subtract line 10 from line 3, column (d) 12,226 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 Direct Expenses Cash prizes . . 0 0 Noncash prizes . Rent/facility costs. 0 Other direct expenses Yes % Yes Yes Volunteer labor . . No No No Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary Subtract line 7 from line 1, column (d) . 0 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? . . . . а If "No," explain. Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain.

Schea	ule G (Form 990 or 990-EZ) 2016 Southeast Land Trust of New Hampshire	02-	-0355374	4 Page	3
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	☐ No	_
∙12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	. {	Yes	No	
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			<u>%</u>
ь 14	An outside facility	13b			<u>%</u> _
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.				
	Name ▶	·			
	Address ►				<b>-</b> -
15a	Does the organization have a contract with a third party from whom the organization receives gaming	ſ		<b>-</b>	
b	revenue?	l	Yes	No	
D	amount of gaming revenue retained by the third party  \$ 0				
С	If "Yes," enter name and address of the third party:				
	Name ▶	<b></b> ,			
	Address ►	- <b></b>			
16	Gaming manager information				
	Name ▶	·			<b>-</b> -
	Gaming manager compensation > \$0				
	Description of services provided •		<b>-</b>		
	Director/officer Employee Independent contractor				
17	Mandatory distributions.				
а	Is the organization required under state law to make charitable distributions from the garning proceeds to				
	retain the state gaming license?	[	Yes	∐ No	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations				_
Part	or spent in the organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) a	and (v).		0
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional				
	See instructions				
		·			
<b></b> -					<b>-</b> -

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Open to Public Inspection

Name of the organization

Employer identification number

Southeast Land Trust of New Hampshire 02-0355374 Part I **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 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 . . Х 310,339 Fair Market Value 9 Securities-Publicly traded. Securities—Closely held stock 10 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures. 14 Qualified conservation contribution-Other Χ 4 Net Book Value Real estate-Residential. 15 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 . 3,040 Fair Market Value 25 Other ▶ (Other Donations) Multiple 26 Other ► ( \_\_\_\_\_) 27 Other ► ( 28 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. Yes No 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 isn't required to be used for exempt purposes for the entire holding period? . . . . . 30a Х b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32a Х b If "Yes." describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is 33

checked, describe in Part II.

Schedule M (Form 990) (2016) Southeast Land Trust of New Hampshire	02-0355374	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and		
the organization is reporting in Part I, column (b), the number of contributions, the number	of items recei	ved,
or a combination of both. Also complete this part for any additional information.		
Part I Line 14 In 2016, landowners contributed \$655,229 in donated value through the		
donation of four and bargain sale of seven conservation easements to the Organization. Per		
the Comment and Second advices the second advices are not as and a second of the second		
the Organization's financial policies, these contributions are not recorded as an asset,		<b></b>
revenue, or expense, but a record of the transaction is mountained and the details of the		
revenue, or expense, but a record of the transaction is maintained and the details of the		
transaction are reported in a footnote to the financial statements. Therefore Part I,		
transaction are reported in a roothote to the infarical statements. Therefore Part 1,		
column (c) is reported as the number of donated easements that occurred in the year (see		
Schedule D, Part XIII).		

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

02-0355374 Southeast Land Trust of New Hampshire Form 990, Part III, Line 4d. Program Service Expenses. 247,805, Grants and allocations: 0, Revenue 0 OUTREACH One of the central purposes of the organization is to also educate the general public about the importance of our natural resources and rivers. Outreach is completed through direct engagement on our lands and easements, tabling at community events, publication of our quarterly newsletter SELT Views, and social media engagement through Facebook and monthly E-news. SELT hosted 26 field trips and workshops that are free of charge and open to the public. Additional events included our 6th annual Wild & Scenic Film Festival (sold out with 800+ attendees) and our annual Conservation Celebration at Flag Hill Winery Form 990, Part III, Line 4a. LAND CONSERVATION CONTINUED. These farms also fit well with our Farmland for the Future initiative, a strategic effort to protect working farms and land with productive soils that can be farmed SELT conserved three additional farms, including the Monahan Farm, a pick-your-own paradise in East Kingston, the first phase of the Bodwell Farm in Kensington – one of just five commercial dairy farms left in Rockingham County, and the Ten Rod Farm in Rochester, allowing the new landowner to revitalize the farm. Five projects advanced our efforts to protect lands for Clean Drinking Water. These included two along the Lamprey River, the Thompson Forest in Durham and a donated easement on the Meeker property in Lee. The Thompson Forest abuts the public water intake for the Durham and University of New Hampshire water supply. In the western edges of our service area, SELT partnered with the Towns of Derry to conserve the Buttonwood Farm on Ballard Pond and with the Town of Auburn to purchase easements on the Dufresne and Rolfe lands, both within the water supply protection area for Lake Massabesic, the public supply for Manchester. In addition to completing these projects, by year's end SELT had executed 14 additional contracts to conserve 3,000+ acres of land by the end of 2018 Form 990, Part III, Line 4b EASEMENT STEWARDSHIP CONTINUED successor landowners as they become the next steward of a conserved property, as well as two issues of our landowner

newsletter, Everlasting, providing informative articles on best management practices and

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Name of the organization Southeast Land Trust of New Hampshire	Employer identification number 02-0355374
Southeast Land Trust of New Hampshire	02-033374
directors with similar responsibilities, experience, and organizational structure and a	
recommendation for the appropriate salary range for the Executive Director's position with the	
Southeast Land Trust. The report and the Executive Committee's recommendations were	
distributed to the full Board. The Board of Directors makes final decisions regarding	
continued employment, salary and benefits, which are recorded in the minutes of the applicable	
meeting of the Board of Directors. The Executive Director is not present at the meetings of	
the Executive Committee or Board of Directors when performance, salary and benefits are	
discussed.	
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 our web site	
Form 990, Part IX, Line 11g Other fees for services consisted of \$463,488 consisted of the	
following Consulting, Surveying, Appraisals, Land Management Services and other professional	
services related to special land and easement projects	

Schedule O (Form 990 or 990-EZ) (2016)