Department of the Treasury Internal Revenue Service

Extended to November 15, 2018 2949332804418

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	\ F	or the	e 20	7 calendar year, or tax year beginning	and	ending			
8		heck if pplicab	le (Name of organization			D Employe	er identifica	tion number
ſ		Addre	255	PRESUMPSCOT REGIONAL LAN	D TRUST				
Ì	X	Name chang		Doing business as				01-04	26268
[=	Initial return	.	Number and street (or P.O. box if mail is not delivere	ed to street address)	Room/suite	E Telephor		
[_	Final	,	PO Box 33	·	<u> </u>	· '	(207)	839-4633
		termir ated		City or town, state or province, country, and ZIP	or foreign postal code		G Gross rece	pts \$	204279.
	_	Amen return	L	Gorham, ME 04038			H(a) Is this	a group retu	
. [_	Application		Name and address of principal officer:Rache	lle Curran Ap	se	for sub	ordinates?	Yes X No
_		pendl		same as C above			4 ` '	bordinates inclu	ded? Yes No
1					(insert no.) 4947(a)(1)	or527	If "No,	" attach a lis	t. (see instructions)
7	_			www.prlt.org				exemption r	
-	_			nization: X Corporation Trust Associa	ation Other V	L Year	of formation:	TARPINE	tate of legal domicile; ME
Ľ	ra	rt I		mmary	, , , , , , , , , , , , , , , , , , ,	Cabodi	10.0		
	စ္	1	Brie	ly describe the organization's mission or most sign	nificant activities: See	sched	ite o		
	Activities & Governance	_	<u></u>					· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Š		-	ck this box if the organization discontinuities of voting members of the governing body (Particle).	ued its operations or dispo			rits net asse	ns. 14
(3			ber of voting members of the governing body (Par ber of independent voting members of the govern	, , , ,		0	4	14
٥	لا			l number of individuals employed in calendar year		OV 13	2018	5	2
	<u>a</u>			I number of volunteers (estimate if necessary)		OYIU	၂(၇)	6	130
	§			unrelated business revenue from Part VIII, column	n (C), line 12			7a	0.
•	۳			unrelated business taxable income from Form 990-		GDEN,	UT	7b	0.
_	٦						Prior Ye		Current Year
	ا و	8	Con	ributions and grants (Part VIII, line 1h)			27	0551.	202898.
į	2	9	Prog	ram service revenue (Part VIII, line 2g)				0.	0.
į	нечепие	10	Inve	stment income (Part VIII, column (A), lines 3, 4, and	d 7d)			724.	1381.
١	^	11	Oth	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	, 10c, and 11e)	\		0.	0.
_	_	12	Tota	revenue - add lines 8 through 11 (must equal Par	t VIII, column (A), line 12)		27	1275.	204279.
				its and similar amounts paid (Part IX, column (A), li		_	 	0.	0.
				efits paid to or for members (Part IX, column (A), lin	•	<u> </u>	<u></u>	0.	0.
	ses			nes, other compensation, employee benefits (Part		<u> </u>	<u> </u>	6307.	70060.
	Expenses			essional fundraising fees (Part IX, column (A), line 1	101	20 H		- 0.1	0.
ı	Ž			I fundraising expenses (Part IX, column (D), line 25		30.	3	5453.	50498.
	_			er expenses (Part IX, column (A), lines 11a-11d, 11f		-		1760.	120558.
	,			l expenses. Add lines 13-17 (must equal Part IX, co enue less expenses. Subtract line 18 from line 12	olumn (A), line 25)			9515.	83721.
7	8	19	nev	nue less expenses. Subtract line 18 from line 12	<u></u>	R	eginning of Cur		End of Year
ets (d Balances	20	Tota	l assets (Part X, line 16)		<u></u>		5548.	1155312.
ASS	Ba			I liabilities (Part X, line 26)	•••			2150.	1363.
Net	E			assets or fund balances. Subtract line 21 from line	20			3398.	1153949.
		rt II		gnature Block					
U	nde	r pena	alties	of porjury, I doctare that I have examined this return, inclu	uding accompanying schedule	s and statem	ents, and to th	e best of my k	nowledge and belief, it is
tr	ue,	corre	ct, an	complete. Declaration of orgoarcy (1) than officer) is	based on all information of wi	hich prepare	r has any know	lcdgg.	
				Kallellann				1/1//	2078
S	ign)		Signature of officer			Dáte	e' / _	
Н	ere	•		Rachelle Curran Apse, Ex Type or print name and title	ecutive Direc	tor			
			Prir	t/Type preparer's name Pre	parer's signature		Date	Check	PTIN
	aid		L					self-employed	
	•	arer	-	's name			Firm	's EIN	
U	se (Only	Firn	's address 📂					
_	_		<u> </u>				Pho	ne no.	1 1 1
				scuss this return with the preparer shown above?					Yes No
73	200	11 11-2	28-17	LHA For Paperwork Reduction Act Notice, s	ee the separate instructi	ons.	m 22		Form 990 (2017)
							11/4	25	

PRESUMPSCOT REGIONAL LAND TRUST

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Form 990 (2017) PRESUMPSCOT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	一
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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		Х
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	X	<u> </u>
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 negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_ <u>X</u> _	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	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
þ	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			. ,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			├ -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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	200	X
		Form	990	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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			
	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			
	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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
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?			_v
	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			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	1001=
		Form	330	(2017)

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14a Did the organization receive any payments for indoor tanning services during the tax year?

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

X

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14a

14b

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

	Check if Schedule O contains a response or note to any line in this Part VI			LX.
<u>Sec</u>	tion A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing .			İ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b . 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		•	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	*	<u>.</u> .	•
	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 policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	Rachelle Curran Apse - (207) 839-4633			
	PO Box 33, Gorham, ME 04038			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	not c unte	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mike Parker	2.00								,	
BOARD MEMBER	2 00	X		ļ	\vdash	-	ļ	0.	0.	0.
(2) Richard Curtis	2.00	Į.				1	1	0.	0.	0.
BOARD MEMBER (3) Ben Lord	4.00	X			-	_		0.	0.	0.
TREASURER	4.00	x		X				0.	0.	0.
(4) Joanne Chessey	4.00	₽		<u> </u>	\vdash	\vdash	\vdash	- 0.	0.	
SECRETARY & VP	7.00	x		X			Ī	o.	0.	0.
(5) Melissa Hamlin	2.00	 			\vdash	\vdash	-	† -		
BOARD MEMBER		x				ļ	l	0.	0.	. 0.
(6) Matthew Craig	2.00			┢	\vdash			 		
BOARD MEMBER		X						0.	0.	0.
(7) Tom Pitman	2.00									
BOARD MEMBER	1	X				ŀ		0.	0.	0.
(8) Valerie Devuyst	2.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(9) Fred Dillon	2.00					1				
BOARD MEMBER		Х						0.	0.	0.
(10) Priscilla Payne	4.00			ı						
CO-PRESIDENT		X		X		L	_	0.	0.	0.
(11) Tamara Lee Pinard	4.00								_	
CO-PRESIDENT		X		X		<u> </u>	L_	0.	0.	0.
(12) June Sleeper	2.00					ļ	Į			
BOARD MEMBER		X	_	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(13) Glenice Stover	2.00									_
BOARD MEMBER		X	<u> </u>	<u> </u>	<u> </u>	⊢	_	0.	0.	0.
(14) Matt Streeter	2.00					ļ			^	_
BOARD MEMBER	30.00	X	<u> </u>		<u> </u>	 	\vdash	0.	0.	0.
(15) Rachelle Curran Apse	30.00	l		х				44429.	0.	0.
EXECUTIVE DIRECTOR	~	-		_	-	├	-	44425.	0.	
						1			}	
						Г			-	
					L_	<u></u>	L.,_	L		Form 990 (2017)

Form 990 (2017)

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Pai	t VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hi	ighe	st C		es (continued)		•		
	(A) Name and trtie	(B) Average hours per week (list any	box	not c	Positheck in the period and a display	more rson	than Is bot	th an	from	(E) Reportable compensation from related		an	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizati	e tion ted
			_											····
			_	_									··	
			_											
							_							
_														
								-						
	Sub-total			L		<u>.</u>	<u></u>		44429.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)			<u></u>		<u></u>	· ,	▶	0. 44429.		0.			0.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	bove	e) wi	ho r	received more than \$100),000 of reportable	e			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		ıste	e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab		-						the organization	·	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsatı	on f	rom	any	unr	elat	ted organization or indiv	idual for services		5		х
	tion B. Independent Contractors													
1	Complete this table for your five highest conthe organization. Report compensation for	-	-						n the organization's tax		pens			
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	ervices	С	(C ompe		n
							·	_						
								-						
					_			_					_	
								\dashv						
2	Total number of independent contractors (ii	_	ot lır	mrte	d to	thos	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()						- 5	

<u> </u>			0 10000000	or note to envilin	o in this Bort VIII			
		Check if Schedule O contains	a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 :	a Federated campaigns	1a					
ĒŽ	1	b Membership dues	1b	-				
ΩĔ	f	c Fundraising events	1c					
# F		d Related organizations	1d			:		
S,E		e Government grants (contributions)		20400.				1
Sign		f All other contributions, gifts, grants, ar						
E E	•	similar amounts not included above	1f	182498.				[
ğŏ		g Noncash contributions included in lines 1a-1f		62700.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f	*		202898.			
		Total Add lifes Ta-11	·	Business Code				
9	2 8	а		DIGINOSO GOGO				
Ş		b			· -			
Set		c						
E S		d		 				
Program Service Revenue	` `	e						
P	1	f All other program service revenue						
		g Total. Add lines 2a-2f					·····	
	3		lends, inter	est, and				
		other similar amounts)		▶	1381.			1381.
	4	Income from investment of tax-exe	mpt bond	proceeds				
	5			▶				
			(i) Real	(ii) Personal				
	6 a	a Gross rents	V = :::					
	k	b Less: rental expenses						
		c Rental income or (loss)						{
		d Net rental income or (loss)		•				
			Secunties	(ii) Other				
		assets other than inventory						
	1	b Less. cost or other basis				·		<u> </u>
		and sales expenses		1 1				
		c Gain or (loss)						
		d Net gain or (loss)		•				
ā	8 8	a Gross income from fundraising even	ents (not					
Other Revenu		ıncludıng \$	_ of	1				
ě		contributions reported on line 1c).	See					
er F		Part IV, line 18	а		ĺ			i i
Ę.	t	b Less: direct expenses	ь	·L				
~	•	c Net income or (loss) from fundraisi	ng events	<u></u>				
	9 á	a Gross income from gaming activiti	es. See	1		J]
		Part IV, line 19	а	<u> </u>	1			
•	t	b Less: direct expenses	b	·			· · · · · · · · · · · · · · · · · · ·	
	•	c Net income or (loss) from gaming a	activities .	▶				
	10 a	a Gross sales of inventory, less retu	ns]		}]
		and allowances	а	·				
	t	b Less: cost of goods sold	b	· [
		c Net income or (loss) from sales of	nventory	. •	· · · · · · · · · · · · · · · · · · ·			
		Miscellaneous Revenue		Business Code				
	11 a	a		—				ļ
	t	b				 	 . 	
	•	С		 				
		d All other revenue		L			 	
	•	e Total. Add lines 11a-11d		▶	204000			<u> </u>
	12	Total revenue. See instructions.			204279.	0.	0.	1381.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 44572 24069. 9360 11143. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18920. 18920. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 6568. 4447. 968. 1153. 10 Payroll taxes 11 Fees for services (non-employees). Management 1288. 1288. b Legal 2913 2913. Accounting ¢ Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 8675. 837 6842. 996. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 808 547. 119 142. 13 Office expenses 830. 135. 371. 1336. Information technology 14 Royalties 15 2068. 1400. 305 363. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1130 765 <u> 167</u> 198 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 3001 2251 <u>750</u> 23 Other expenses. Itemize expenses not covored 24 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.) 20760 20760. Ongoing stewardship exp Mailings 4705. 1941. 2764. b Closing expenses 3814. 3814. C الاستمالية All other expenses e 120558. 87874. 15554 <u>17130.</u> Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational-campaign-and-fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

01-0426268 Page 11 PRESUMPSCOT REGIONAL LAND TRUST Form 990 (2017) 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 155840. 152101. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 1387. 2900. 3 Pledges and grants receivable, net 3 10. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use 2805. 2667. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 830968 basis. Complete Part VI of Schedule D 10a 768268. 830968. **b** Less: accumulated depreciation 10b 10c 111969. 150008. 11 11 Investments - publicly traded securities 15269. 16668. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1055548. 1155312. Total assets. Add lines 1 through 15 (must equal line 34) 16 1363. 2150. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 2150. 1363. 26 Total liabilities. Add lines 17 through 25

Organizations that follow SFAS 117 (ASC 958), check here ▶ X and

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

Retained earnings, endowment, accumulated income, or other funds

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

Capital stock or trust principal, or current funds

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

Unrestricted net assets

Temporanly restricted net assets Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Total liabilities and net assets/fund balances

1155312. Form 990 (2017)

1153949.

950418.

203531.

Net Assets or Fund Balances

28

31

32

33

858309.

195089.

1053398.

1055548.

27

28

29

30

31

32

33

SCHEDULE A

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public

Inspection

Name of the organization

DDGGIMDGGOM DGGTONAT TAND MDUGM

Employer identification number

				GIONAL LAND				U	1-0426268
Pa	rt T	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part.) S	ee instructions.		
Πhe	organ	zation is not a private found							. 🔿
1		A church, convention of ch		-					174
2	Ħ	A school described in sect					• ,,,•-,,,•		() /
	Ħ						::\		\smile \lfloor
3	H	A hospital or a cooperative	-						
4	ш	A medical research organiz	ation operated in co	njunction with a nospita	i describe	ın sectio	п 170(в), тудун). Enter	the nospital's name,
_	$\overline{}$	city, and state:							
5	ш	An organization operated for		llege or university owner	d or opera	ted by a g	ovemmental unit	descrit	oed in
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	닏	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support t	from a gov	ernmental	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a lan	d-grant	college
		or university or a non-land-g						_	_
		university:	,	, ,	-		,,		,
10	X	An organization that norma	illy receives (1) more	than 33 1/3% of its sur	port from	contributi	ons membershin	fees a	and aross receipts from
-		activities related to its exen	-						
		income and unrelated busin	-	· · · · · · · · · · · · · · · · · · ·					-
				(less section of Frax) if	OIII DUSIIIE	sses acqu	med by the organ	lization	arter Julie 30, 1373.
44		See section 509(a)(2). (Con		ah. ta taut fan ar blia an	ofatu Can	tion El	20/~\/4\		
11	H	An organization organized a	•	•	•				
12	ш	An organization organized a							
		more publicly supported or	=						check the box in
		lines 12a through 12d that	• •			•		•	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typi	cally by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees	of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	<u> </u>	Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage	the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte			in connec	tion with,	and functionally i	ntegrat	ed with,
		its supported organizatio						•	
d		Type III non-functionally						dorgani	zation(s)
		that is not functionally int							
		requirement (see instruct							
_		Check this box if the orga						Type III	
·		functionally integrated, or					rype i, type ii,	ı ype iii	
	Ento			rially integrated support	ing organia	Zation.			
		r the number of supported of	•				•	•	L
9		ide the following information Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of mo	netary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	ın your governi Yes	na document? No	support (see instru	-	support (see instructions)
				above (see instructions))	165	140		<u> </u>	
									<u> </u>
							<u></u>		
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			[]				
				···					
ota	. <u> </u>								

Schedule A (Form 990 or 990-EZ) 2017 PRESUMPSCOT REGIONAL LAND TRUST 01-0426268 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete, Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016(e) 2017(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)

17	rubic support percentage for 2017 (iiile 0, column (i) divided by lifte 11, column (ii)	₹.	*	<u></u>	
15	Public support percentage from 2016 Schedule A, Part II, line 14		15		
16a	33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3%	or n	ore,	check this box and	
	stop here. The organization qualifies as a publicly supported organization		Ĭ		\blacktriangleright

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15\s 10% or more, and if 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received. (Do not						
	include any "unusual grants.")	33867.	189482.	64751.	139816.	202902.	630818.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities			,			
	furnished by a governmental unit to the organization without charge			,			
6	Total. Add lines 1 through 5	33867.	189482.	64751.	139816.	202902.	630818.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		,			,	0.
_	amount on line 13 for the year		,				
	Add lines 7a and 7b						630818.
5	Public support. (Subtract line 7c from line 6.) ction B. Total Support	<u> </u>					030010.
	endar year (or fiscal year beginning in)	(-) 0010 T	(b) 2014	(c) 2015	(4) 2016	(0) 2017	(f) Total
	Amounts from line 6	(a) 2013 33867.	(b) 2014 189482.	64751.	(d) 2016 139816.	(e) 2017 202902.	(f) Total 630818.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13682.	9290.	12081.	3083.	1381.	39517.
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses					-	
	acquired after June 30, 1975						
	·	13682.	9290.	12081.	3083.	1381.	39517.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13002.	7230.	12001.	3003.	1301.	33317.
12	Other income. Do not include gain or loss from the sale of capital	;					
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	47549.	198772.	76832.	142899.	204283.	670335.
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here ction C. Computation of Publi	<u></u>					▶□
	Public support percentage for 2017 (I			olumn (fl)		15	94.10 %
	Public support percentage from 2016			0.0 (,,,	•	16	91.39 %
	ction D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		32103 70
				e 13 column (fl)		17	5.90 %
	Investment income percentage for 20			e 13, column (1))	• •		8.61 %
	Investment income percentage from 2	-			15 io mana 45 au 2	18	
198	33 1/3% support tests - 2017. If the						/ is not ► X
	more than 33 1/3%, check this box ar	-	-				
t	33 1/3% support tests - 2016. If the	-					irid
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a b	oox on line 14, 198	a, or 190, cneck th		structions	000 EZ) 0047

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		•	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		•
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		__
39	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below.	3a		 -
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	38		 -
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
_	•	30		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	ļ	-
43	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.	4a		
D	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		<u> </u>
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;			l
	(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).	5a		
þ	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?	5b		<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		<u> </u>
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).	7		
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).	8	L	
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			l
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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.	9b		
C-	Did a disqualified person (as defined in line 9a) have an ownership interest in or derive any personal benefit	4		1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	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			l
	supporting organizations)? If "Yes," answer 10b below.	10a		
-ь-	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.)

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	,
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	,	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	l l		
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	ł		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	,	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		,
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		•	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of prior-year distributions	7	•	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		h
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	janization (see
	Instructions).			••

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater

Excess distributions carryover to 2018. Add lines 3j

than zero, explain in **Part VI.** See instructions.

6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRESUMPSCOT REGIONAL LAND TRUST

Employer identification number 01-0426268

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.		
		(a) Donor advised funds	(b) Fund	s and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	
	ımpermissible private benefit?			Yes No
Pai			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	oncally importa	ant land area
	Protection of natural habitat	Preservation of a certi	ified historic st	tructure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.		├	Held at the End of the Tax Year
	Total number of conservation easements		2a	1101 00
	Total acreage restricted by conservation easements		2b	1191.00
	Number of conservation easements on a certified historic sti		2c	<u> </u>
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	1 1	
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization	during the tax
_	year V			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			X Yes No
	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,	**** * * * * * * * * * * * * * * * * * *		
6	▶ <u>200</u>			
7	Amount of expenses incurred in monitoring, inspecting, hand \rightarrow \$ 3000 •	dling of violations, and enforcing conservat	tion easement	s during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, ar	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization	on's accounting for
	conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheral	nce of public s	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, pr	ovide 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 tre		l gain, provide	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:		
	Revenue included on Form 990, Part VIII, line 1		> \$	
	Assets included in Form 990, Part X		▶ \$	
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	S	Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

830968.

c Leasehold improvements

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

d Equipment e Other ...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2017

(4) (5) (6) (7) (8) - - - -

	dule D (Form 990) 2017 PRESUMPSCOT REGIONAL LAND		01-0426268 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	}]
а	Net unrealized gains (losses) on investments	2a	-
þ	Donated services and use of facilities	2b	-} 1
C_	Recoveries of prior year grants	2c	┩
d	Other (Describe in Part XIII.)	2d	⊣ `
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
D	Other (Describe in Part XIII.)	46	
c	Add lines 4a and 4b		4c
Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses ne	or Return
T di	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	onto with Expended pe	
_			1
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		 '
2	Donated services and use of facilities	2a	- -
h	Prior year adjustments	2b	-
c	Other losses	2c	7
d	Other (Describe in Part XIII.)	2d	-
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	•••	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	••	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	4b	7
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	···	5
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I	V, lines 1b and 2b; Part V, line	e 4; Part X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional information.	_
		- <u></u>	
_		-	
<u>Par</u>	t II, Line 5:		
_,			
The	written policy regarding the periodic mor	nitoring, inspe	ctions,
	1.4:		aa. 4
ATC	plations and enforcement of conservation ea	sements is as	documented in
+ h -	DDIM Resement Enforcement Delies with a	h sostions for	Drawanting
CHE	PRLT Easement Enforcement Policy, with su	ib sections for	Preventing
vi c	lations, Monitoring, Violation Evaluation,	Dogumentation	of Wiolation
VIC	racions, Monitoring, Violation Evaluation,	Documentation	OI VIOIACIOII,
Mot	ice to Landowner, Violation Resolution, De	acidion Making	and Funds for
1400	ice to handowner, violation Resolution, De	CISION MAKING,	and Funds 101
Fac	ement Enforcement. There is a separate Eas	ement Monitori	ng Policy to
<u> </u>	ement Enforcement. There is a separate East	sement Monitoti.	ng rolley co
sne	cify the Organization's minimal annual mor	nitoring requir	ements.
Врс	orly the organization b minimal annual mor	ittoring requir	Circle 5 ·
٠.	• •	• •	
			
Par	t II, line 9:		
Cos	ts associated with obtaining conservation	easements are	expensed as
inc	urred.	• •	-
	10-09-17		Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	PRESUMPSCOT	REGIONAL	LAND	TRUST	01-0426268	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Infor	mation (continued)	,	_			
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SCHEDULE M → (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer Identification number 01-0426268

Pa		KEGION	AU DAMO I				0 1 2 0		
	Types of Froperty	(a)	(b)	(c)			(d)		
		Check if	Number of	Noncash conf		Method of		nıng	
	-	applicable	contributions or	amounts repo		 noncash contr 			ts
			rtems contributed	Form 990, Part V	VIII, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications					·			
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Secunties - Closely held stock					· 			
11	Securities - Partnership, LLC, or								
•	trust interests							+	
40									
12	Securities - Miscellaneous Qualified conservation contribution -					· · · · · · · · · · · · · · · · · · ·			
13									
	Historic structures	X	1		2700	APPRAISAL	/ 30	CEC	SME
14	Qualified conservation contribution - Other	Α	<u>_</u>		52/00.	APPRAISAL	/ AS	SES	SME
15	Real estate - Residential								
16	Real estate - Commercial			·		·—			
17	Real estate - Other								
18	Collectibles								
19	Food inventory					· · · · · · · · · · · · · · · · · · ·			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts			,					
23	Scientific specimens								
24	Archeological artifacts						-		
25	Other ()								
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by the organic	zotion durin	a the tex year for a	ontributions	T				
25	for which the organization completed Form 82				29				
	for which the organization completed Form 62	os, ran iv, i	Donee Acknowleut	gement .	25			Vac	
00-	D				4		Γ	Yes	No
30a	During the year, did the organization receive b	•				=	ı		li
	must hold for at least three years from the date		al contribution, and	l which isn't requi	ired to be u	sed for			
	exempt purposes for the entire holding period	?					. 30a		X
b	If "Yes," describe the arrangement in Part II.							<u> </u>	ليبا
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstanda	ard contribu	itions?	. 31	L	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or se	ell noncash				L
	contributions?						32a	<u></u>	X
b	If "Yes," describe in Part II.								1. 4
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which colum	n (a) is che	cked,			
	describe in Part II.								
LHA		the Instruc	tions for Form 99	0.		Schedule	M (For	n 990	2017

Schedule M	(Form 990) 2017	PRESUMPSCOT	REGIONAL	LAND	TRUST	01-042626	8 <u>Page 2</u>
Part II	is reporting in Part	Information. Provid I, column (b), the numb Iditional information.	e the information er of contributions	required b s, the num	y Part I, lines 30b, 32 ber of items received	b, and 33, and whether the org or a combination of both. Also	anization
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Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

PRESUMPSCOT REGIONAL LAND TRUST

Employer identification number 01-0426268

Form 990, Part I, Line 1, Description of Organization Mission:
We engage with communities to conserve, steward, and provide access to
local lands and clean water for current and future generations to
enjoy.
•
Form 990, Part VI, Section A, line 6:
Presumpscot Regional Land Trust is an organization of members.
Form 990, Part VI, Section A, line 7a:
The members of the organization have the right to elect members of the
governing body.
<u> </u>
Form 990, Part VI, Section A, line 7b:
The members of the organization have the right to approve certain
significant decisions of the governing body.
<u> </u>
Form 990, Part VI, Section B, line 11b:
Each board member will receive this document for review prior to and during
the board meeting preceding the filing.
•
Form 990, Part VI, Section B, Line 12c:
New board members, and annually all board members, are provided, and are
required to return signed, a form detailing any potential conflicts, or the
lack of any thereof, and return the signed form to the organization. The
organization requests that they be notified by board members of any
potential conflicts during their terms. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

33

Name of the organization PRESUMPSCOT REGIONAL LAND TRUST	Employer identification number 01-0426268
· · · · · · · · · · · · · · · · · · ·	,
Form 990, Part VI, Section B, Line 15:	
Determined annually by board based upon recommendation	by executive
committee subsequent to performance review by executive	e committee.
	• -
Form 990, Part VI, Section C, Line 19:	
Copies of these documents are available on request.	<u> </u>
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