### CHANGE OF ACCOUNTING PERIOD

Department of the Tapasury Internal Payenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	$\pm$ 2017 calendar year, or tax year beginning $\cup$ AN $\perp$ ,	2018	and en	iding U			<i></i>
B Ci	heck if	C Name of organization	<del></del>	•		D En	ployer identific	cation number
	Addre	PRESUMPSCOT REGIONAL LAND I	TRUST					
	]Name chang	Doing business as					01-0	426268
	initial return Final	Number and street (or P.O. box if mail is not delivered to store PO Box 33	treet address)	Ro	om/suite	E Te	lephone number ( 2 0 7	
-	return- termir ated		reign postal c	L		G Gro	ss receipts \$	115583
Γ	Amen		reign postaro	Joue		_=_	s this a group re	
	Jreturn Applic	the state of the s	Curra	n Apse		7	or subordinates	
<u> </u>	Jtion pendi	same as C above			へつ	ul .	re all subordinates in	
<del></del>	24-04	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert	tnn ) 49	947(a)(1) or	1/ 1/527	H ''		list. (see instructions)
		te: > www.prlt.org	110.7 43	1	W. COLI	1	Group exemption	· ·
		organization: X Corporation Trust Association	Other D		I Year			State of legal domicile: M
_	rt I	Summary			TE TOU	01 10////		,
┪		Briefly describe the organization's mission or most significan	nt activities	See So	chedu	ile (	)	
8	1	Briefly describe the organization's mission of most significal	in activities.	<del>DCC DC</del>			<u> </u>	
盲	_	Check this box If the organization discontinued its	o operations	or dispose	d of more	thon 3	E94 of the pot as	ecote
Activities & Governance		•		or disposed	u oi mon	= (11a11 2	3	1
Ĝ		Number of voting members of the governing body (Part VI, I	•	1 <b>4</b> h.\			4	1
∞ಶ		Number of independent voting members of the governing b				•	• •	
ije		Total number of individuals employed in calendar year 2017	(Part V, line 2	2a)		••	5	11
ξ		Total number of volunteers (estimate if necessary)					6	- 11
Ac		Total unrelated business revenue from Part VIII, column (C),		·			7a	0
$\dashv$	<u>b</u>	Net unrelated business taxable income from Form 990-T, lin		<del></del>			7b	
1				RECE	IVE		or Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	···   F			သွ	202898.	114915
<u> </u>	9	Program service revenue (Part VIII, line 2g)	<u> 9</u>	NOV 2	1 2018	Ω	0.	0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	804	140 4 2	1 2010	IRS-	1381.	668
- 1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,						0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII,	, column (A), l		<u>:N, U</u>	<u>l</u>	204279.	115583
	13	Grants and similar amounts paid (Part IX, column (A), lines 1	1-3)				0.	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			ļ		0.	0
Sa	15	Salaries, other compensation, employee benefits (Part IX, co	olumn (A), line	es 5-10)			70060.	46278
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			L		0.	0
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25)	<b></b>	7584	<u>4. L</u>			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	)				50498.	23561
	18	Total expenses. Add lines 13-17 (must equal Part IX, column	n (A), line 25)				120558.	69839
	19	Revenue less expenses. Subtract line 18 from line 12					83721.	45744
or Ses	-				В	ginning	of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)					1155312.	1204011
ABS	21	Total liabilities (Part X, line 26)					1363.	2291
žě,	22	Net assets or fund balances. Subtract line 21 from line 20		•••			1153949.	1201720
	irt II	Signature Block						
Unde	er pen	alties of perjury, I declare that I have examined this return, including	accompanying	schedules a	and statem	nents, an	d to the best of m	y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of Preparer (9ther than officer) is based	d on all informa	ation of whic	h prepare	r has any	y knowledge.	
		10006.11/6/1000					Dot/ / /	5/2018
Sign	1	Signature Left officer CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC					Date Co	
Her	e	Rachelle Curran Apse, Execu	utive D	rect	<u>or                                    </u>			
		Type or print name and title			<del></del>	Data		II brou
		Print/Type preparer's name Preparer'	's signature			Date	Check L	PTIN
Paid							self-employ	ed
Prep	arer	Firm's name					Firm's EIN	· · · · · · · · · · · · · · · · · · ·
Use	Only	Firm's address					_[	
		-					Phone no.	
May	the I	RS discuss this return with the preparer shown above? (see	instructions)	)				Yes No

	Form <b>990</b> (2017)
4e	Total program service expenses 53577.
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
4c	(Code) (Expenses \$
4b	(Code) (Expenses \$
41	
	community engagement, and public access.
4a	(Code ) (Expenses \$ 53577. including grants of \$ ) (Revenue \$ )  Land and water conservation, water quality monitoring, education,
	revenue, if any, for each program service reported.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	If "Yes," describe these changes on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	enjoy.
	We engage with communities to conserve, steward, and provide access to local lands and clean water for current and future generations to
1	Briefly describe the organization's mission:  We engage with communities to consorve stoward and provide aggregate
	Check if Schedule O contains a response or note to any line in this Part III
Pa	t III Statement of Program Service Accomplishments
	990 (2017) PRESUMPSCOT REGIONAL LAND TRUST 01-0426268 Page 2

PRESUMPSCOT REGIONAL LAND TRUST 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)?		x	
_	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-2		
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	х	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<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?			v
	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		х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
	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			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	<u> </u>	х
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	۔ ا		<sub>v</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b></b>	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		х

Part IV	Checklist	of Required	Schedules (continued,

			Yes	No
<b>2</b> 0a	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	L	X
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			
	Schedule K. If "No", go to line 25a	24a		Х
ь	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	<u> </u>		<b></b>
-	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		
	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		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	100		<del></del>
_	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		<del></del>
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<del></del>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
Þ	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<del>                                     </del>
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	71	
30	contributions? If "Yes," complete Schedule M	20	X	
31		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes." complete Schedule N. Part I			X
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	20		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33				х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	1		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u>X</u>
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	
		Form	<b>330</b> (	2017)

Page 5

Form **990** (2017)

rai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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	]		l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	[		İ
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			l
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	$\Box$		
За		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	. ]	X
ь	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b> </b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	<b> </b>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<b></b>	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		╁
10	Section 501(c)(7) organizations. Enter:	,		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
8				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
40-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
12a		120		<del>                                     </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\vdash$	<del>                                     </del>
d	Note. See the instructions for additional information the organization must report on Schedule O.	.56		<del>                                     </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
Ь	organization is licensed to issue qualified health plans 13b	1		
c	Enter the amount of reserves on hand	i ,	'	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

732005 11-28-17

PRESUMPSCOT REGIONAL LAND TRUST 01-0426268 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 . . . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undortaken during the year by the following: X a The governing body? 8a  $\overline{\mathbf{x}}$ **b** Each committee with authority to act on behalf of the governing body? 8b .... ..... 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? ..... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization ..... 15b 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 X taxable entity during the year? 16a 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? Section 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) 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)

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

)	State the name, address, and telephone nu	imber of the pe	erson who possesses the	organization's books and records:
	Rachelle Curran Apse -	- (207)	839-4633	

PO Box 33, Gorham, ME 04038

2

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					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		X	<u> </u>		_			0.	0.	0	
(2) Richard Curtis	2.00			i	l		ŀ		0.	0	
BOARD MEMBER	4 00	X			L			0.	0.	0	
(3) Ben Lord	4.00						ļ		0.	0	
TREASURER	4 00	X	_	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	U	
(4) Joanne Chessey	4.00	x		X	ŀ			0.	0.	0	
SECRETARY & VP	2.00	^		4	⊢	$\vdash$	_	· · ·	· ·	0	
(5) Melissa Hamlin BOARD MEMBER	2.00	X					l	0.	0.	0	
(6) Matthew Craig	2.00	<del>  ^</del>	╁	┢	┢	╁	┝╌	<del>                                     </del>		<u>_</u>	
BOARD MEMBER	2.00	X				l		0.	0.	0	
(7) Tom Pitman	2.00	-	1	$\vdash$	-	┢	-		. <del>.</del>		
BOARD MEMBER		$\mathbf{x}$				1		0.	0.	0	
(8) Valerie Devuyst	2.00	1	T			Г					
BOARD MEMBER	<del></del>	X						0.	0.	0	
(9) Fred Dillon	2.00	1		$\Box$							
BOARD MEMBER		X						0.	0.	0	
(10) Priscilla Payne	4.00					1				_	
CO-PRESIDENT		X		Х				0.	0.	0	
(11) Tamara Lee Pinard	4.00									_	
CO-PRESIDENT		X		X	L	<u> </u>	L	0.	0.	0	
(12) June Sleeper	2.00	ļ.,									
BOARD MEMBER		X	上		辶	_	L	0.	0.	0	
(13) Glenice Stover	2.00	┨					İ			_	
BOARD MEMBER		X	┞		┡	<u> </u>	L	0.	0.	0	
(14) Matt Streeter	2.00	٠,							_	,	
BOARD MEMBER	30 00	X	╀	_	$\vdash$	<del> </del>	$\vdash$	0.	0.	0	
(15) Rachelle Curran Apse	32.00	1		x				23946.	0.	0	
EXECUTIVE DIRECTOR		┼	$\vdash$	╇	-	$\vdash$	⊢	43340.	ļ	ļ	
,		1									
,	<u> </u>	T	$t^-$	T	Г	<b>†</b>	$\vdash$	-			

	990 (2017) PRESUMPSO				_		_	_		01-04	<u> 426</u>	268	Page	<u>8</u>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box. offic	not c , unle	Pos heck ss pe	more rson	than s both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) mated ount of ther	
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		from organ and	ensation m the nization related iizations	1
											-			
									02046			<u> </u>	<del></del>	
С	Sub-total  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	l, Section A						<b>&gt;</b>	23946. 0. 23946.		0.		(	) . ) .
2	Total number of individuals (including but in compensation from the organization	ut limited to th	use	liste	ed al	pove	e) wl	10 11	·	,000 of reportabl				0
3	Did the organization list any former officer,	director, or the	etoc	, ko	w en	nolo	woo.	Or!	highest componented o	mplovoo on		Ý	'es N	-
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	uch individual			•	•						3	7	J 
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,"	° coi	mple	ete S	Sche	dule	J f	or such individual			4	<u> </u>	/ /
	rendered to the organization? If "Yes," compliant B. Independent Contractors	•						cial	ed organization or indivi			5	X	
1	Complete this table for your five highest con										pens	ation fro	m	
	the organization. Report compensation for t  (A)					vrth (	OI W	thir	(B)			(C)		
	Name and business	audiess	INC	ONE	<u>د</u>			$\dashv$	Description of s	ervices		ompens		_
								$\dashv$						
				_				+						
												· · ·		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nrte	d to	tho:		ted	l above) who received m	ore than				

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membershilp dues	1a		- · · · · · · · · · · · · · · · · · · ·	g	rg -	
۾ چا		Fundraising events	1c		~ *			
ايرنظ		Related organizations	1d					
,≝  ≝,6		Government grants (contributi	<b>—</b>	33500.	- t - w ·		٠	1
ĘĠ	ľ	All other contributions, gifts, grant	· -		the second second second	· - 4 6 - 45	نەپىيە ئۇ يىزىن د	
걸칠	•	similar amounts not included above		81415.	ساه راه در اور ها ۳	341 7/6 /		ا وورد که خو
풀히	q		<u> </u>	33600.		*		,
25	_	Total. Add lines 1a-1f		<b>—</b>	114915.	· , -	h . V	
		Total Add Injest It II	······································	Business Code				
	2 a		- '					
울 [	b							
Program Service Revenue	c							
<u> </u>	4							·
ا يمرَّ	۵		<del></del>					
ě	f	All other program service reve	nue					· · ·
1	a	Total. Add lines 2a-2f	***************************************					
	3	Investment income (including	dıvıdends, intere	est, and				
i		other similar amounts)		•	668.			668.
I	4	Income from investment of tax	x-exempt bond p	roceeds				
1	5	Royalties		•				
1		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
- 1	b	Less: rental expenses						
		Rental income or (loss)	-					
l		Net rental income or (loss)		. ▶			-	
		Gross amount from sales of	(i) Securities -	(ii) Other				. , -
ŀ		assets other than inventory		,,	1 - +			'
-	ь	Less, cost or other basis			1	<u> </u>		
		and sales expenses	1					
-	c	Gain or (loss)				(**************************************		
		Net gain or (loss)						
		Gross income from fundraising	u events (not		c .	2 i ske ž¢ -		
Ž		including \$	of	i				
Se l		contributions reported on line	1c). See					
E.		Part IV, line 18	a					•
Other Revenu	ь	Less, direct expenses	ь		1			
0		Net income or (loss) from fund	draising events					
		Gross income from gaming ac	•					
		Part IV, line 19	а	1	-,		^ "	
	b	Less: direct expenses	 b					
		Net income or (loss) from gam	ning activities	▶				
- 1		Gross sales of inventory, less	=					
		and allowances			l'annua e		100	or respect to the
	ь	Less: cost of goods sold						
		Net income or (loss) from sale		<b>•</b>		34,5	1	
		Miscellaneous Revenu		Business Code	<b></b>			
	11 a	······						
-	b							
	c							
	d	I All other revenue						
	е	Total. Add lines 11a-11d		🕨				
	12	Total revenue. See instructions.	•	>	115583.	0.	0.	668.

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 (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service 7b. 8b. 9b. and 10b of Part VIII. 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, 24004 13922 5281 4801. 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) 17853. 17853 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4421. 3346. 563. 512. Payroll taxes 10 Fees for services (non-employees): Management 3256. 3256 b Legal 1363. 1363 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, 3773 2856. 480 437. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 211. 160. 27 24. Office expenses 13 876. 555. <u>58</u> 263. 14 Information technology Royalties 15 2067. 1565. 263. 239. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 2571 1928 <u>643</u> 23 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.) Ongoing stewardship exp 7131. 7131. 2313. 1005. 1308. Mailings b C d All other expenses e Total functional expenses. Add lines 1 through 24e 69839. 53577. 8678. 7584. 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)

ra	<u> </u>	balance Sneet					<u> </u>
		Check if Schedule O contains a response or no	te to any	line in this Part X			
	,				(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			152101.	1	169158
	2	Savings and temporary cash investments		****		2	
	3	Pledges and grants receivable, net		2900.	3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f	icers, directors,	,			
	}	trustees, key employees, and highest compens	<b></b>		<u>                                     </u>		
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual	வுக்கும் முக்கும் உருக்கும்	A-7 1	مرابع در المالية المالية		
		section 4958(f)(1)), persons described in section	-	•	List of the County China	MM.,	Jan Jan Tanak
1		, employers and sponsoring organizations of sec	-	• • • • • • • • • • • • • • • • • • • •			
2	ł	employees' beneficiary organizations (see instr)			6		
Assets	7	Notes and loans receivable, net				7	
ť	8	Inventories for sale or use		••••	-	8	
	9	Prepaid expenses and deferred charges			2667.	9	889
	10a	Land, buildings, and equipment, cost or other	1 1	****			
		basis. Complete Part VI of Schedule D	10a	864568.	[		<b> </b> *
	, Р		10b		830968.	10c	864568
	11	Investments - publicly traded securities	<del></del>	150008.	11	152456	
	12	Investments - other securities. See Part IV, line	11	•	16668.	12	16940
	13	Investments - program-related. See Part IV, line		·····		13	<u> </u>
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	·		15		
	16	Total assets. Add lines 1 through 15 (must equ	 ıal line 34		1155312.	16	1204011
	17	Accounts payable and accrued expenses		<u> </u>	1363.	17	2291
	18	Grants payable				18	
	19	Deferred revenue	•			19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	<u> </u>
n	22	Loans and other payables to current and forme					
2		key employees, highest compensated employe			,		,
Ligollines	-	· Complete Part II of Schedule L	,	-	-	22	
Ĭ	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate		•		24	
	25	Other liabilities (including federal income tax, pa	•	· · · · · · · · · · · · · · · · · · ·		-	·
	_	parties, and other liabilities not included on line	•				
		Schedule D	,.	•		25	
	26	Total liabilities. Add lines 17 through 25			1363.	26	2291
		Organizations that follow SFAS 117 (ASC 95)	B), checi	here X and	111 1 1 1 1 1 1		
9		complete lines 27 through 29, and lines 33 ar			ĺ		(
net Assets of Fund Balances	27	Unrestricted net assets			950418.	27	962086
	28	Temporanly restricted net assets	•		203531.	28	239634
) ;	29	Permanently restricted net assets		•• •••		29	
5		Organizations that do not follow SFAS 117 (A	NSC 958	check here	. 4. 6 4 12 12 11		0 14 0 % VII 13
5	1	and complete lines 30 through 34.		,			
3	30	Capital stock or trust principal, or current funds	•			30	
3	31	Paid-in or capital surplus, or land, building, or e		t fund		31	
֚֚֚֚֚֚֡֝֝֟֝֝֟֝֟֝	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1153949.	33	1201720
	34	Total liabilities and net assets/fund balances		••••	1155312.	34	1204011

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

#### **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

Employer identification number

			GIONAL LAND					1-0426268
Part I	Reason for Public	Charity Status (	All organizations must co	omplete the	s part.) Se	ee instructions.		
The orga	nization is not a private found	dation because it is:	For lines 1 through 12,	check only	one box.)			
1 🗀	A church, convention of ch						7	\
2	A school described in sect						- (	ノヿ
з 🗀	A hospital or a cooperative		·		• •	ii).		- 1
4	A medical research organiz						iii). Enter	the hospital's name.
· ·	city, and state:	.a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	and mospital o manner
5	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a d	overnmental ur	at descrit	ned in
J	section 170(b)(1)(A)(iv). (C		lege of differently owner	a or operar	ca by a g	oven micritar ar	iii acscrik	oca III
e 🗀		•	nontal unit described in	castian 17	MP/4//4/	<b>(</b> )		
6 📙	A federal, state, or local go	•						and the decimal set to
7 📖	An organization that norma	-	ntial part of its support	rom a gove	emmentai	unit or from th	e generai	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe	-						
9 📖	An agricultural research org							
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of t	he colleg	e or
	university.		<del> </del>			· ·		
10 X	An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	contribute	ons, membersh	ııp fees, a	and gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s suppor	t from gross investment
	income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine:	sses acqu	ired by the org	anizatıon	after June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III.)						
11 🖳	An organization organized a	and operated exclus	ively to test for public sa	ıfety. See s	ection 50	)9(a)(4).		
12 📖	An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ons of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section 5	509(a)(2).	See section 50	9(a)(3). C	Check the box in
	lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, and	12g.	
a 🗆	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	ganızation(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority o	of the dire	ctors or trustee	s of the s	supporting
	organization. You must o	complete Part IV, Se	ections A and B.					
ь□	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization	(s), by ha	ving
	control or management of							_
	organization(s). You mus	t complete Part IV.	Sections A and C.	-		_		•
c [	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally	/ integrate	ed with,
	rts supported organizatio		· -					•
d [	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)							
	that is not functionally int						_	
	requirement (see instruct	-	-					
e [	<b>–</b>	•		•			Type III	
· _	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.							
f Ent	nter the number of supported organizations							
	Provide the following information about the supported organization(s).						L	
9 110	(i) Name of supported	(ii) EIN	(lii) Type of organization	(iv) is the organ	nization listed	(v) Amount of n	nonetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see ins	tructions)	support (see instructions)
			above (see instructions))					
_								
	· · · · · · · · · · · · · · · · · · ·	<del> </del>		<u>                                     </u>				
Total								

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

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

Sec	ction A. Public Support	, listed below, piec					<del></del>
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(a) 201E	(4) 2016	(a) 2017	(6) Total
	Gifts, grants, contributions, and	(a) 2013	(0) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	membership fees received. (Do not		-	-			
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			1			
_	ization's benefit and either paid to		•				
	or expended on its behalf						
3	The value of services or facilities				1		
	furnished by a governmental unit to			Į			
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	1 m = -0.	ந்த € ச	-	5		
	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)				Ί		
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support			/	·····	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest,				}	Ì	
	dividends, payments received on				1		
	securities loans, rents, royalties,						
	and income from similar sources			<u> </u>	ļ		
9	Net income from unrelated business				1		
	activities, whether or not the						
	business is regularly carried on		/		<b>.</b>		
10	Other income. Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	/		•	•		
	Total support. Add lines 7 through 10			<u> </u>	1	40	
	Gross receipts from related activities,					12	<del></del>
13	First five years. If the Form 990 is for	,	s tirst, secona, tnii	ra, tourtn, or tittn t	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	rere	rcentage		<u> </u>	• • • • • • • • • • • • • • • • • • • •	
	Public support percentage for 2017	<del>/</del>	············	Column (fl)	<del></del>	14	
	Public support percentage for 2017/1			COMMER (1))		15	% %
	33 1/3% support test - 2017. If the o			 on line 13. and line	 14 is 33 1/3% or r	<del></del>	
	stop here. The organization qualifies				1 7 13 00 1/0/0 0/1	nore, oneck triis DC	<b>_</b>
b	33 1/3% support test - 2016. If the o		_		d line 15 is 33 1/3%	or more, check th	nis box
_	and stop here. The organization quali					or more, erroen a	▶□
17a	10% -facts-and-circumstances test		•		e 13, 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
. b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						. •
18	Private foundation. If the organization		-				s
						dule A (Form 990	
	/					-	-
	/			_			

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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1	{			
	include any "unusual grants.")	189482.	64751.	139816.	202902.	114915.	711866.
2	Gross receipts from admissions,				-		
	merchandise sold or services per-		1	ĺ	•		
	formed, 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-	1	ł		1	}	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	ł					
	or expended on its behalf						
5	The value of services or facilities			ľ			
	furnished by a governmental unit to						
	the organization without charge				·		<del></del>
6	Total. Add lines 1 through 5	189482.	64751.	139816.	202902.	114915.	711866.
7a	Amounts included on lines 1, 2, and	ľ	1				,
	3 received from disqualified persons						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				•		
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
_8_	Public support. (Subtract line 7c from line 6.)		<u> </u>				711866.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<del></del>			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 139816.	(d) 2016 202902.	(e) 2017 114915.	(f) Total
	Amounts from line 6	189482.	64751.	139816.	202902.	114915.	711866.
10a	Gross income from interest, dividends, payments received on		j				
	securities loans, rents, royalties,	0000	1 2001	2002	1 2 0 1	660	26502
_	and income from similar sources	9290.	12081.	3083.	1381.	668.	26503.
E	Unrelated business taxable income		İ			ľ	•
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	0200	12081.	3083.	1381.	668.	26502
	Add lines 10a and 10b	9290.	12001.	3003.	1301.	000.	26503.
"	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				······································		
12	or loss from the sale of capital		ļ				•
40	assets (Explain in Part VI.)	198772.	76832.	142899.	204283.	115583.	738369.
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	tne organization's	tirst, second, third	i, tourth, or titth ta	x year as a sectio	n 501(c)(3) organiza	ation,
Sac	check this box and stop here	ic Support Per	rcentage	<u></u> .			
	Public support percentage for 2017 (I	<u></u>		olumn (fl)	<del>.</del>	15	96.41 %
	Public support percentage from 2016		=	oldinar (i))		16	94.10 %
	etion D. Computation of Inves				<u></u>	10	31110 76
	Investment income percentage for 20			e 13. column (fl)		17	3.59 %
	Investment income percentage from 2	•	• • •	o, column (I))	••	18	5.90 %
	33 1/3% support tests - 2017. If the			 n line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box at	<del>-</del>					<b>→ X</b>
F	33 1/3% support tests - 2016. If the	<del>-</del>	-		•	- · · · · · · · · · · · · · · · · · · ·	•
~	line 18 is not more than 33 1/3%, che	=					▶□
20	Private foundation. If the organization						" <b>&gt;</b> □
	22 10 08 17	Lia Hot officert & L	2011 011 1110 171 100	, iou, orioon ar		adule A (Form 990	or 000-E7\ 2017

#### 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.)

- 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.)

	Yes	No
1		
2		
3a		لـــا
- 50		
3b		
3c		<u> </u>
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
"	$\dashv$	
9b '		
9c		
10a		
10b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	nizations -	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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			
	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):		4	
a	Average monthly value of securities	1a	•	
ь	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	Recoveries of prior-year distributions	7		.l
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Mınimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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

Excess distributions carryover to 2018. Add lines 3

#### **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

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor		e used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	toncally important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified 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
а	Total number of conservation easements		2a 25
b	Total acreage restricted by conservation easements		2b 1191.00
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register	••••	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶0_		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year
	<b>▶</b> 100		
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conserv	ation easements during the year
	►s <u>1500.</u>		0.000
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	1 1 1
	and section 170(h)(4)(B)(ii)?		Yes — No
9	In Part XIII, describe how the organization reports conserva-		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
Do	t III   Organizations Maintaining Collections	of Art Historical Treasures or (	Other Similar Assets
Pai			Mier Onimar Assets.
	Complete if the organization answered "Yes" on Formal If the organization elected, as permitted under SFAS 116 (A		mont and belence shoot works of art
18	historical treasures, or other similar assets held for public ex		
			arice of public service, provide, in rail Am,
	the text of the footnote to its financial statements that desc if the organization elected, as permitted under SFAS 116 (A		nt and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition,		
		education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>~</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1	• •	
_	(ii) Assets included in Form 990, Part X		al gain, provide
2	If the organization received or held works of art, historical tr		iai gaili, piuviue
_	the following amounts required to be reported under SFAS	110 (ASC 336) relating to these items.	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1		~ <del></del>
	Assets included in Form 990, Part X	<u> </u>	<u></u>

Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				, , , , , , , , , , , , , , , , , , , ,
(D)	<del></del>			
(E)			·····	
(F)				
_(G)	<del> </del>			
(H)		3 8 4 5 5 1 1 1	ech n t	e ego poo do
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		2000 1012 10140	174 military 2	e tre Bammer or a a
Part VIII Investments - Program Related.	•			•
Complete if the organization answered "Yes" (	on Form 990, Part IV, <b>(b)</b> Book value	line 11c. See Form 990	, Part X, line 13.	d-of-year market value
(a) Description of investment	(b) Book value	(c) Mediod of	valuation. Cost of ent	1-01-year market value
<u>(1)</u>	<del></del>			
(2)				
(3)				·····
(4)	<del></del>			
(5)	. <del> </del>		<del></del>	<del></del>
(6) (7)	···			
(8)	<del></del>	<del></del>		
(9)				
Total (Cot. (b) must equal Form 990, Part X, cot. (B) line 13.)		و تو در و و به در در	LAY 11 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i grant ha
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11d. See Form 990	Part X. line 15.	
<del></del>	Description		, 1 ,	(b) Book value
(1)		······································		·
(2)	······································	<u>-</u>		
(3)		· <u>··</u>		<del></del>
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(7)	-		`	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	
Part X Other Liabilities.			<del>-</del>	
Complete if the organization answered "Yes" of	on Form 990, Part IV,		m 990, Part X, line 25	š
1. (a) Description of liability		(b) Book value .		•
(1) Federal income taxes				t he sweets at the
(2)	1		]	
_(3)				e e e e e e e e e e e e
(4) {				
(5)			]	Many alba a da da da da da da da da da da da da
(6)			_	
(7)		<u>-</u>		
(8)		· · · · · · · · · · · · · · · · · · ·	1	
(9)			_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1	
2. Liability for uncertain tax positions. In Part XIII, provide				_
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ol>			ne footnote has been	_

2017.04030 PRESUMPSCOT REGIONAL LAND T PRLT

Schedule D	(Form 990) 2017	PRESUMPSCOT	REGIONAL	LAND TRUST	01-0426268 Page 5
Part XIII	Supplemental Inf	PRESUMPSCOT formation (continued)	· <del>-</del>		
	-		•,		
	·				
	-	.,		-	
				<del></del>	
-		. •			•
		· · · · · · · · · · · · · · · · · · ·			
	ı			•	
	<del> </del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	
•	•				
		<del></del>			
		•		-	•
-	-	:			
			• •		
	-	<u> </u>		<u> </u>	
	<del></del>		<del></del>		-
	· <del></del>	<del></del>		<del></del>	
_	-				4
		<del></del>	<del></del>	<del></del>	<del> </del>
				1	
	<u>-</u>			···	
	-			· —	
			<del></del>		
•		·			
	<del></del>				
	<u></u>		·		
			-	•	
				•	-
			-		
				•	
	• •				•
					<u> </u>
•	1				
	•		<del></del>		
		····			
				• •	••
	•				
•				-	
			· <del></del> .		

Schedule D (Form 990) 2017

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

2017

Open To Public

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

Attach to Form 990.

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

Inspection Employer identification number

Name	e of the organization				Employer ide	ntificati	on nu	mber
	PRESUMPSCOT	REGION	AL LAND I	RUST	01-	0426	268	j
Par	t I Types of Property			····				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contrib	determir		ts
1	Art - Works of art							
2	Art - Historical treasures						•	
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		1					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or				•			
	trust interests							
12	Securities - Miscellaneous			·				
13	Qualified conservation contribution -							
-	Historic structures							
14	Qualified conservation contribution - Other	Х	1	33600.	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		ļ <u>.</u>					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			· · · - · · · · · · · · · · · · · ·		<del> </del>		
25	Other ()		<u> </u>					
26	Other ()							
27	Other ()			<u> </u>				
28	Other ( )							
29	Number of Forms 8283 received by the organization application and second forms 8283		-		•			
	for which the organization completed Form 828	os, Part IV,	Donee Acknowled	gement 29			V	l Na
200	During the year, did the organization receive by	u oonteibiiti		norted in Dart I. Imaa 4 three.	-h 00 4h-4	Γ	Yes	No
Jua	must hold for at least three years from the date			•	_			
	exempt purposes for the entire holding period?		ai contribution, and	a which isn't required to be t	seu ioi	30a		X
	If "Yes," describe the arrangement in Part II.	r .	••	•• ••••	•	Sua		<del>                                     </del>
31	Does the organization have a gift acceptance p	nolicy that r	equires the review	of any nonetandard contribu	itions?	31		X
	Does the organization have a gift acceptance p					3,		<del>                                     </del>
vea	contributions?	or related Of	ganzadons to son	icit, process, or sell noncash		32a	-	х
h	If "Yes," describe in Part II.	•	•	•	•	JEd		<del></del>
33	If the organization didn't report an amount in c	olume (c) fo	- r a type of propert	v for which column (a) is che	cked			
	describe in Part II.			y	<del></del>			

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

Schedule M (Form 990) 2017

Part II	Supplemental is reporting in Part this part for any ad	<b>Information.</b> P I, column (b), the n ditional information	Provide the information number of contribution n.	required by Part I, lines, the number of items	es 30b, 32b, and 33, s received, or a comb	and whether the organization ination of both. Also complete
3	•		<u> </u>			
		·····		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
	<u>-</u>				<u> </u>	<u>'</u>
			*,	·		<u> </u>
	<del></del>	·, ·	·	<del></del>		
	····	<del></del>	<del></del>			
		<u></u>			•	
			*			
		· · · · · · · · · · · · · · · · · · ·				
		······································		<del></del> -		
			<u> </u>			•
	***	<u>.</u>	•			
					<del> </del>	
						<del></del>
		. <u>.</u>				
		<u>,                                     </u>	,		•	
			····			
				- · · · · · ·		
	<u> </u>		-			`
						-
· <u>-</u>						
		<u>.</u>	·			
	, ,,					
				·		
			<u></u>			
<del>- · · · ·</del> , · · ·			· · · · · · · · · · · · · · · · · · ·			•
142 09-07-1	7 •• ,				, (	Schedule M (Form 990) 2

## **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No 1545-0047

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.
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.
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)

732211 09-07-17

Name of the organization	EZ) (2017)		<del></del>		Page 2 Employer identification number
P	RESUMPSCOT R	EGIONAL LAND	TRUST		01-0426268
1					
		<del></del>		· - <del>-</del>	
Form 990, Part	VI, Section	B, Line 15:			
		·			
Determined annu	ally by boar	d based upon	recommendat	ion by	executive
committee subse	quent to per	formance rev	iew by execu	tive c	ommittee.
<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·			
Form 990, Part	VI, Section	C, Line 19:			
		<del>-</del>			
Copies of these	documents a	re avallable	on request.		
			<del>-</del> -		
	<del></del>				
_					
				·	<u> </u>
<u> </u>					
<del></del>	<del></del>	<del></del>			
					•
		<u> </u>	<del></del>		
	-				
			<del></del>		<del>-</del>
		·			
					·
		<u> </u>			