Department of the Treesury

# 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.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

<u> </u>	<u> </u>	For the	2018 ca	<u>lendar year, or tax ye</u>				, and e	<u>nding</u>				
<u>, B</u>	C	heck if a	pplicable:	C Name of organization	Southeast La	and Trust of No	w Hampshire			Employer	dentificat	ion number	
ΓĹ	]á	ddress c	hange	Doing business as									
	7			Number and street (or	r P.O. box If mall is no	t delivered to str	eet address)	Room/suite	0	2-0355374	ļ		
$\vec{\mathbf{A}}$	א נ <u>י</u>	ame che	inge	6 Center Street, PC	) Box 675				T T	Telephone	number		
J	] In	itial retu	m	City or town			State	ZIP code	//	2021 770 6	000		
7	_    -		terminated	Exeter			NH	03833		<u>803) 778-6</u>	<u>000</u>		<del></del>
$ u_{\sqsubseteq}$	_ ⊢ -	n <b>a</b> return		Foreign country name	e Foreign	province/state/	county	Foreign postal	code				
<b>/-</b> _	] 🗚	mended	return							Gross rec	eipts \$		7,725,182
Г	٦.	anliantia.	n pending	F Name and address of	nrincinal officer								es X No
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_				Samuel Reid Presid		03820		<del></del>	1 ''	ill subordinate			es No
ı	Ta	x-exemp	t status:	X 501(c)(3) 5	01(c) ( ) <	◀ (insert no.)	4947(a)(1) (	or 🛄 🕏 27/	If "No	o," attach a lis	st. (see Instr	ructions)	
J	W	ebsite	: ▶ ww	w.seltnh.org			_	<u>, 03</u>	H(c) Grou	p exemption a	number 🕨		
			ganization:	X Corporation	Trust Associ	ntton	ner 🕨	1 1 1/00	r of formation			of local domi	
Ĥ				_ <del></del>	] 1108t [ A880G			1 100	I OI IOITIIAU	on: 1980	IM SIBIR	of legal domic	cile: NH
	Ρâ	art I		mmary	4								
	.			escribe the organiza						d sustain th	ne signific	cant	
				our community for c									
			and wild	life. The Organization	on has conserved	d nearly 20,0	00 acres of c	pen spaces	s in south	eastern N	ew Hamp	shire.	
9		2	Check th	nis box ▶ 🔲 if the	organization dis	continued its	operations of	or disposed	of more	than 25% (	of its net	assets.	
Ċ	5			of voting members							3		17
		4	Number	of independent votil	ng members of th	ne governing	body (Part V	I. line 1b) .			4	_	17
3		5		mber of individuals e							5	***	17
n :		6		mber of volunteers (							6		130
2013		7 <b>a</b>		related business rev							7a		0
J	~			lated business taxa							7b		0
<b>-</b>	ᅥ		1101 41110	Tatou Decimoco taxa	JIC II ICOIII I	1 01111 000 1,	<u></u>	<del></del>		Prior Year	<del>'''</del>	Current Y	
┥	_	8	Contribu	itions and grants (Pa	art VIII line th)	DEOE	1) (7)	٦	•	7,846	182		7,106,428
	Kevenue			service revenue (P		RECE	INED	1			5,963		4,724
		10	Investme	ent income (Part VIII	column (A) din	e 2 4 and 7	<del>al in</del> ig	1			3,505		
Ċ	2	11	Other re		, column (A) lineas	ജാ, <del>,</del> , ഒവ , ഭഹിപ്പെ , 4	100 H						32,650
		12	Total rave	ent income (Part VIII venue (Part VIII, col enue—add lines 8 thro	uch 11 /must sau	od Doct //III o		12)		7,865	3,362		-11,646
_	$\dashv$	13	Grante a	and similar amounts	poid (Part IV col	ump /A\ line	olulini (A), ppe	1 2)					7,132,156
		14	Panafite	paid to or for memb	paid (Part IX, colu	CODE	ፄ.'ଫ୮ : :	1		45	5,000		44,875
	_	15	Calariae	other compensation,	omployee benefit	(Post IV sol	ump (A) lines	 E 40\		. 000	0		700.400
											,765		786,193
•				onal fundraising fees					<del></del>	100	,750		73,775
į	1			draising expenses (			<b>_</b>	249,005					
	- I			penses (Part IX, col						5,750			,720,280
				enses. Add lines 13				25)		6,649	:t		2,625,123
_	•	19	Revenue	less expenses. Sul	otract line 18 from	<u> 11109 12 </u>	<u></u>	• • •		1,215			1,507,03 <u>3</u>
8	8	20	Total acc	ote (Dod V III. 46)					Beginnin	g of Current		End of Yo	
3	Ì			ets (Part X, line 16)						15,897		20	0,605,967
<u> </u>	밁			pilities (Part X, line 2	•						,981		280,604
	Ē			ts or fund balances.	Subtract line 21	from line 20	· · · · ·	<u> </u>		15,880	1,277	20	) <u>,325,363</u>
	ar			nature Block			<del></del>						
				, I declare that I have example to and complete. Declarate									
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		Only		-	& Associates, PC					lm's EIN ▶	02-0522		
	JŪ	Villy.		s address ► 46 N. Sta			1 .			-	(603) 22		
_		the ID		s this return with the					1,5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes	No

Form 9	990 (2018) Southeast Land Trust of New Hampshire	02-0355374	Page ∠
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	The state of the s	••••	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 1,600,678 including grants of \$ 44,875 ) (Reven	ue \$	)
44	LAND CONCERNATION I COMO CELE		
	organization's cumulative impact to nearly 20,000 acres SELT's conservation work continued to		
	focus on three key areas Living Landscapes, Clean Drinking Water, and Farmland for the Future		
	B	- <b></b>	
	acquiring conservation easements   Under our Living Landscapes initiative, SELT seeks to conserve		
	AND		
	partnered with the Merrymeeting Lake Association and Moose Mountains Regional Greenways to		
	6 Harris David David		
	Community Forest in New Durham This effort raised \$2.95 million in private and public support,		
	with the closing expected by June 30, 2019 CONTINUED ON SCHEDULE O		
	min the dealing expected by tune 50, 25 to 55 trinters of 55 tribers of		
4b	(Code ) (Expenses \$ 133,292 including grants of \$ ) (Reven	ue \$	)
	EASEMENT STEWARDSHIP. In 2018, SELT completed its 11th consecutive year of annually monitoring		
	conserved lands. We also worked with our partners to support their monitoring of the 44 easements		
	the state of the s		
	the standard of the second to		
	through two full time and two seasonal staff members complemented by our ongoing Volunteer		
	Easement Monitor Program In 2018, monitoring was completed primarily through property visits, as		
	the state of the s		
	and a state and a state of the		
	the state of the s		
	landowner newsletter, Everlasting, providing informative articles on best management practices and		
	ownership of conserved land, CONTINUED ON SCHEDULE O		
4c	(Code ) (Expenses \$ 194,121 including grants of \$ ) (Reven	ue \$	)
	LAND MANAGEMENT SELT's primary focus in 2018 was collaborating with NH Fish and Game Departme	nt	
	D. The secretary of the selection of the selection of the secretary of 2040. At		
	our Franklin-McElheny Preserve in Dover and Rollinsford, SELT established a working group of local		
	residents to advise on how to best management a hemlock wooly adelgid infestation, public access,		
	A STATE OF THE STA		
	the state of the s		
	the latest the second and the second		
	Kennard Forest and Berry Brook Forest To achieve our land management goals, work days were		
	hosted with employees of Vapotherm, Liberty Mutual, NEMO, Tri-City Subaru, and Westinghouse		
	Table Language Control of the Contro		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 166,467 including grants of \$ 0 ) (Revenue \$	0 )	
40	Total program conject eveness.		

eu.	Checkist of Required Ochedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III.	8	_^_	х
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		Х
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	х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
4a		14a		Х
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			.,
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	х	
8	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	х	
9	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		
0a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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	Х	

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	l	}	
	\$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		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	l i		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> X</u>
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			v
20	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 surrout or former officer director trustee, or key employee? If "Vee," complete Schoolule I. Bort IV	28a		X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		_^_
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		$\stackrel{\sim}{}$	
•	conservation contributions? If "Yes," complete Schedule M	30	×	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-^	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
	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	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[ [		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	
Part				
	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990 (	2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?. 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h R 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 9 Sponsoring organizations maintaining donor advised funds. а Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a 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 10b 11 Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand . . . 13c C 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Part VI

Sect	ion A. Governing Body and Management				
			- Free Walt	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> 1	4		500
	If there are material differences in voting rights among members of the governing body, or			縺	
	of the governing body delegated broad authority to an executive committee or similar				
L	committee, explain in Schedule O	41. 1	,		
20	Enter the number of voting members included in line 1a, above, who are independent	1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations any other officer, director, trustee, or key employee?	nip with	2	200	X
3	Did the organization delegate control over management duties customarily performed by or under	ha diract	-		
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		$\hat{\mathbf{x}}$
5	Did the organization make any significant changes to its governing documents since the prior Form 350 was Did the organization become aware during the year of a significant diversion of the organization's a		5	-	$\frac{\hat{x}}{x}$
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or	annoint	<b> </b>		
, 4	one or more members of the governing body?	арропк	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,	<u> </u>		
-	stockholders, or persons other than the governing body?	•	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina	***		17-17
•	the year by the following	. 449	4		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?.		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.	)	
		<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re 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 g		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	1	[	
	describe in Schedule O how this was done	• •	12c	X	
13	Did the organization have a written whistleblower policy? .	•	13	_X	
14	Did the organization have a written document retention and destruction policy?		14	X 淡 <b>双</b> 生	we35542
15	Did the process for determining compensation of the following persons include a review and approv				1 4
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation.	and decision?	450	- Marie 1	الاستة
a b	The organization's CEO, Executive Director, or top management official	•	15a	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		986		****
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
.04	with a taxable entity during the year?	cinent	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	U C		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg				A .
	the organization's exempt status with respect to such arrangements?		16b	C. 2342	
Secti	on C. Disclosure		1.571		
17	List the states with which a copy of this Form 990 is required to be filed ► MA, NH	<del></del>		<del></del>	<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 app		. ,		
		olaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	•	ıcy, an	d	
	financial statements available to the public during the tax year	•			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records.	•		
	Brian Hart, Executive Director	(603) 778-6088			
	6 Center Street, Exeter, NH 03833				

ı										
Form 990 (2018) · Southeast Land Trust of New Ham	pshire								02-03553	374 Page <b>7</b>
Part VII Compensation of Officers, Dire	ctors, Truste	es, k	(ey	En	ıple	oyee	s, I	lighest Comp	ensated	
Employees, and Independent C Check if Schedule O contains a r		te to	an	v lır	ne i	n this	: Pa	art VII		$\Box$
Section A. Officers, Directors, Trustees, Key E				<u> </u>					<del></del>	
la Complete this table for all persons required to be organization's tax year									with or within the	
List all of the organization's current officers, d of compensation. Enter -0- in columns (D), (E), and (	F) if no compens	ation	าพล	is pa	aid					unt
<ul> <li>List all of the organization's current key emplo</li> <li>List the organization's five current highest corwho received reportable compensation (Box 5 of Fororganization and any related organizations.</li> </ul>	npensated emplo	oyees	s (ot	ther	tha	n an c	office	er, director, trust	ee, or key emplo	yee)
<ul> <li>List all of the organization's former officers, ke 3100,000 of reportable compensation from the organ</li> </ul>							ed e	employees who r	eceived more th	an
<ul> <li>List all of the organization's former directors organization, more than \$10,000 of reportable competitions.</li> </ul>	ensation from the	e orga	anız	atio	n ar	nd any	rel	ated organizatio	ns	the
ist persons in the following order, individual trustees compensated employees, and former such persons	or directors, ins	titutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest	
Check this box if neither the organization nor an	v related organiz	ation	cor	mpe	nsa	ted ar	ny c	urrent officer, dır	ector, or trustee	
<del></del>				(	C)		•		· · · · · · · · · · · · · · · · · · ·	
(A) Name and Title	(B) Average hours per	box,	unle	heck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	$\overline{}$	Officer			Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Samuel Reid	4 00	,								
President (2) Ann Welsh	0 00	X	$\vdash$	X						<del></del>
/ice President	0 00	х		x		'				
(3) Ann Smith	4 00			Γ						

Name and Title	hours per		officer and			or/trust	۱مم	compensation	compensation	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Samuel Reid	4 00									
President	0 00	X		X					_	
(2) Ann Weish	4 00	]								
Vice President	0 00	X		X		<u> </u>				
(3) Ann Smith	4 00				1	ļ	ĺ			
<u>T</u> reasurer	0 00	Χ_		X						
(4) Joan Pratt	4 00									
Secretary	0 00	Х		X						
(5) Bill Campbell	2 00							:		
Director	0 00		<u></u>		L	<u> </u>				<b></b>
(6) Terry Coyle	2 00					1				
<u>Director</u>	0 00									
(7) Thomas Chamberlin	2 00	'								
Director	0 00	-	L.,					<u> </u>		
(8) Dan Clapp	2 00									
<u>Director</u>	0 00						<u> </u>			- <del>-</del>
(9) David Kirkpatrick	0 50								ĺ	
Director	000				L				<u> </u>	<u> </u>
(10) Scott Marion	2 00									
Director	0.00				<u> </u>	<u> </u>				
(11) Linda McGivern	2 00	i i			ľ					
Director	0 00	X				L.				
(12) Robin Najar	2 00									
<u>Director</u>	0 00	X			L.,					
(13) Laurie Smith	2 00									
Director	0.00	X								
(14) Roger Stephenson	2 00									
Director	0.00	Х				$oxed{oxed}$				

Р	Section A. Onicers, Directors, Tru	istees, ney Emil	DIOYE	es,	and	n Lin	gnes	L	ompensateu Em	ipidyees (contin	iueu)
	(A) Name and title	(B) Average hours per	Ďοx,	unles	Pos neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)		2 00	l								
Dire		0 00 2 00	_	L	_	-					
Dire	Rob Wofchuck ctor	0 00	ı								
	Pam Hall	2 00									
Dire		0 00			_						
	Brian Hart cutive Director	40 00 0 00	ı		х	x	x		80,071		6,393
(19)	adive Director			_							
(20)											
(21)			-								
(22)											
(23)											
(24)										110	
(25)											
1b	Sub-total							<b>•</b>	80,071	0	<del>                                     </del>
C	Total from continuation sheets to Part VII, So	ection A						<b>•</b>	80,071	0	
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (including but not line)	nited to those lis	ted a	bov	e) v	vho	recei	ved			0,393
	reportable compensation from the organization				0						
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				loye	e, c	r higi	hes	t compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable con	npen	satio	on a es, "	nd ( con	other oplete	cor So	mpensation from chedule J for such	h	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_		vidual	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compe compensation from the organization Report co year	ensated independ impensation for t	dent of	cont	dar	tors yea	that ir end	rece	eived more than the with or within the	\$100,000 of e organization's	tax
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
										<del></del>	(
											(
								-			

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains	s a response or	note to any line ii	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង ង	la	Federated campaigns,	. <u>1a</u>			animal PLY		
Grants mct.nts	b	Membership dues	. <u>1</u>	145,557		STEEDING ON THE STEED	annonimo je res dispijo	
8, G	l c	Fundraising events .	. <u>19</u>	42,470				
# E	d	Related organizations	. <u>1d</u>	0		Angles de Militaria de La		
13, (Em.)	6:	Government grants (contribution		3,124,098				
# S - 40	f	All other contributions, gifts, gran				med a <b>SA</b>	The Burn Colon	
를 을		similar amounts not included abo	ove 1f	<del></del>	Charles of the Control of the Control of the Control		<b>ը</b> նը հայասիրիայի հայանական հայաստանում	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	ines 1a–1f <sup>.</sup> \$	544,828				
	h	Total. Add lines 1a-1f .		. •	7,106,428	THE POST OF	an and the second	
en e				Business Code				
3V8r	2a	Contracted services		531390	4,724	4,724	<u> </u>	·
ž	b			<u> </u>	0			
Ş	C				0			
eS I	d				0			
гап	e	AD			0			
Program Service Revenue	T	All other program service revenu	е	<b></b>	4.704			
<u> </u>	3	Total. Add lines 2a–2f Investment income (including div	udondo internet		4,724	127 (149 14 14 14 14 14 14 14 14 14 14 14 14 14	TO STATE OF THE PARTY OF THE PA	
	3	other similar amounts) .	nuerius, iriterest	, and	29,655			29,655
	4	Income from investment of tax-ex	vemnt hand ara	sheen	29,033			29,030
	5	Royalties .	xempt bond pro	Leeus -	<del>-</del>			
	3	Noyalies .	(i) Real	(ii) Personal		li da de la composición del composición de la composición del composición de la composición del composición de la composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del comp	CONTRACTOR OF THE	
	6a	Gross rents .		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Co. Man man	
	ь	Less rental expenses .			<u>ក្រុមប្រកាសប្រហាញប្រជាជាក្រុមប្រកាសប្រកាសប្រ</u> ក្រុមប្រភពសាលប្រហាញប្រជាជាក្រុមប្រកាសប្រកាសប្រ			
	C	Rental income or (loss)	(	0	Control of the contro	14.5		
	ď	Net rental income or (loss)		<u> </u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Othui				
		assets other than inventory	558,867	n				
Î	b	Less cost or other basis						
		and sales expenses .	555,872	<u>.</u> v				
	С	Gain or (loss)	2,995					TO THE REPORT OF A PROPERTY OF THE PROPERTY OF
	d	Net gain or (loss) .		. >	2,995			2,995
						//A.94	mininginining of the property of the contract	nan aring de banda kanalah di debah bilan di
e l	8a	Gross income from fundraising						
le l		events (not including \$	42,470					
ě.		of contributions reported on line	1c)	ľ		an in the second		
e		See Part IV, line 18	а	24,048	A STATE OF THE STA			Service of the servic
Other Revenue	b	Less direct expenses .	. b	37,154				A Company of the Comp
Ŭ	С	Net income or (loss) from fundral			-13,106		THE RESIDENCE OF THE SECOND AND ADDRESS OF THE SECOND AND ADDRESS OF THE SECOND AND ADDRESS OF THE SECOND ADDR	NAMES OF THE OWNER OF THE OWNER.
ľ	9a	Gross income from gaming activi	ties			2.44		
		See Part IV, line 19	. а	0				
	b	Less direct expenses .	b	0		Mayor Land Commence of	200 (100 (100 (100 (100 (100 (100 (100 (	030
	С	Net income or (loss) from gaming	g activities		O Distriction of the Control of the	-47 <b>4</b> 01.253600000000000000000	deletit 47 inkniga och strin	landing, Phys. phys. 1777, May 1996
	10a	Gross sales of inventory, less		1				and the state of t
		returns and allowances	. a	0				
	b	Less, cost of goods sold	b	0				
}	с	Net income or (loss) from sales of	or inventory .	►	O market and the second	TORRUPPY AND	AND AND AND THE REAL PROPERTY.	Male Januarus V.
ŀ	44-	Miscellaneous Revenue		Business Code	4 400	1 460		
	11a	Other income		531390	1,460	1,460		
	b			·	0			
	G C	All other revenue			0			
}	d	Total. Add lines 11a–11d			1,460			Voja i <b>s</b> e postava i se
	е 12	Total revenue. See instructions	• •		7,132,156	6,184	0	32,650
	1 /-	TOTAL TOTOLING, OCC INSUINCINIS				<u>. 0, 104  </u>	L	JZ,030

02-0355374

#### 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 (C) (D) Do not include amounts reported on lines 6b. 7b. Total expenses Management and Fundraising Program service 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21. 44,875 "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, 90.500 trustees, and key employees 31.675 31.675 27,150 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 105.880 Other salaries and wages 566.791 388,160 72,751 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,215 12,912 4,230 3.073 Other employee benefits 56,914 36,353 11,911 8,650 10 51,773 33,069 10.835 7,869 Payroll taxes Fees for services (non-employees) Management 51,965 Legal 52,638 Accounting. 15,137 15,137 Lobbying Professional fundraising services See Part IV, line 17 73,775 73,775 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column) (A) amount, list line 11g expenses on Schedule O.) 377,205 338,091 6,735 32,379 12 Advertising and promotion 1,134 1,059 13. Office expenses 28,430 13.099 12.831 2,500 4,258 14 Information technology - 4,258 £ 0 15 Royalties 16. Occupancy . . . 9,272 158 9,114 0 6,748 17 Travel 7,545 47 750 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 6,663 Conferences, conventions, and meetings 3,326 2,836 501 20 21 Payments to affiliates . . . 22 18,648 Depreciation, depletion, and amortization. 18.648 23 Insurance . . 27,000 12.960 9.810 4.230 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Conservation easement and other project costs 1,061,899 1,061,899 Gate, sign and bridge costs 20,391 14,522 o' 5.869 24,754 15,757 6,329 2,668 Printing and copying 24,468 16,943 7,525 Property taxes All other expenses 40,838 10,987 23,258 Other expenses 6,593 25 Total functional expenses.'Add lines 1 through 24e 281,560 2,625,123 2,094,558 249,005 26 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X			· .
			(A)	[ ·	·(B)
			Beginning of year	.	End of year
	1	Cash—non-interest-bearing	251,459	1	273,040
	2	Savings and temporary cash investments	2,853,806	2	3,788,202
	.3	Pledges and grants receivable, net	2,747,724	3	5,632,374
	4	Accounts receivable, net	33,286	4	4,918
	5	Loans and other receivables from current and former officers, directors,	727	#Arra	
		trustees, key employees, and highest compensated employees.		1	
		Complete Part II of Schedule L	0	5	A
	6	Loans and other receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ম্		organizations (see instructions) Complete Part II of Schedule L	. 0	6	
Assets	7	Notes and loans receivable, net	. 0	7.	0
Ä	8	Inventories for sale or use	0	8	
•	- 9	Prepaid expenses and deferred charges	13,616	9 -	15,351
	10a	Land, buildings, and equipment cost or	TEO 100 AND ESTABLE		
	l	other basis Complete Part VI of Schedule D 10a 8,948,101		4.	
	ь	Less accumulated depreciation 10b 80,812	- 8,179,291	10c	8,867,289
	11	Investments—publicly traded securities	, 0	11	. 0
,	12	Investments—other securities See Part IV, line 11	. 858,126	12	791,426
r	13	Investments—program-related. See Part IV, line 11	639,450	13	621,191
	14	_Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	320,500	15	· 612,176
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,897,258	16	20,605,967
	17	Accounts payable and accrued expenses	16,981	17 ·	20,604
	18	Grants payable	0	18	t .
;	19	Deferred revenue	· 0	19	-
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	· 0	21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		396	3022
iab		disqualified persons Complete Part II of Schedule L	0	22 1	•
	23	Secured mortgages and notes payable to unrelated third parties	0	23.	. 0
	24	Unsecured notes and loans payable to unrelated third parties ,	0	24	260,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24) Complete Part X	<b>'</b>		. •
		of Schedule D	0	25	, 0
	26	Total liabilities. Add lines 17 through 25	16,981	26	280,604
10		Organizations that follow SFAS 117 (ASC 958), check here ► X and			1.6276 . TV 45
če		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	3,160,234	27	3,378,179
Ba	28	Temporarily restricted net assets	5,039,978	28	8,569,103
ğ	29	Permanently restricted net assets	7,680,065	29	8,378,081
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			10 AND 10
ō,		complete lines 30 through 34.		4.5	
	30	Capital stock or trust principal, or current funds	0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	- 0	31	<del></del>
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds .	, 0	32	•
Š	33	Total net assets or fund balances	15,880,277	33	20,325,363
	34	Total liabilities and net assets/fund balances	15,897,258		20,605,967

Form	990 (2018) Southeast Land Trust of New Hampshire	02	2-0355374	Page	<u>: 12</u>
Par	Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,132,	156
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,625,	123
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,507,	033
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,880,	277
5	Net unrealized gains (losses) on investments	5		-61,	947
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	20	,325,	363
Part	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			. <u>L</u>	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O	<u>.</u>		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	300236	X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	•	ener s		
	reviewed on a separate basis, consolidated basis, or both			爱!	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	residenti
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-	
	separate basis, consolidated basis, or both				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			- }	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>90</b> (2	:018)

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

# Public Charity Status and Public Support

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

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Southeast Land Trust of New Hampshire 02-0355374 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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 0 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

0

instructions

		t Land Trust of Ne		<u>'</u>		02-03553	74 Page <b>2</b>
ΞPa	it II. Support Schedule for Org	anizations Des	scribed in Sec	tions 170(b)(1)	)(A)(iv) and 17	0(b)(1)(A)(vi)	•
	(Complete only if you check	ed the box on i	ine 5, 7, or 8 of	Part I or if the	organization fa	uled to qualify u	ınder
	Part III. If the organization fa						••
Se	ction A. Public Support		-	. ,			
	ndar year (or fiscal year beginning in)	(a) 2014	. <b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			•.	,		,
•	membership fees received (Do not			•			
	include any "unusual grants ")	3,362,421	8,509,666	6,222,010	7,846,182	7,106,428	33,046,707
2	Tax revenues levied for the	0,002,121	,	1,222,010	7,010,102	1,100,120	
_	organization's benefit and either paid	-			-		
1	to or expended on its behalf.	•	ī	<b>,</b>		. '	. , <u>,</u>
,·3	The value of services or facilities			<u> </u>			• .
. •	furnished by a governmental unit to the	,				1 2	,
,	organization without charge .				` ' '	' '	·,¹ n
4	Total. Add lines 1 through 3.	3,362,421	. 8,509,666	6,222,010	7,846,182	7,106,428	. 33,046,707
5	The portion of total contributions by	3,302,421	. 0,509,000	0,222,010	7,040,102	7,100,420	30,040,707
·	each person (other than a	1.00				7.35	٠٠.
•	governmental unit or publicly			<b>第</b> 第二次列			₹
	supported organization) included on		29.43.50				
	line 1 that exceeds 2% of the amount				建黄色 计	<b>5</b>	
	shown on line 11; column (f)						521,855
6	, , , ,		A CONTRACT OF THE				32,524,852
500	Public support. Subtract line 5 from line 4	THE SHOW THE PARTY OF THE PARTY.	14 - 24 - 24 - 24 - 24 - 24 - 24 - 24 -	CHICAGO WELLOW	ALCOHOL STATE	No. You Washington	32,524,652
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	. <b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
7		<del></del>			7,846,182	7,106,428	33,046,707
, 0	Amounts from line 4	3,362,421	8,509,666	6,222,010	7,040,102	7,100,420	33,040,707
0	Gross income from interest, dividends, payments received on securities loans,		•				*
	· ·	·  _			,		. 4
	rents, royalties, and income from similar sources	20.040	147.070	, , , , , , , , , , ,	, 40.505	. 00.055	* 400 000
۵		29,618	17,272	16,339	<i>-</i> 16,505	29,655	109,389
۶.	Net income from unrelated business		.		,'	, ,	, ,
•	activities, whether or not the business is regularly carried on	'		,		•	, ,
40		<u> </u>	-				0
10	Other income Do not include gain or				, , ,	٠, ١	
٠,	loss from the sale of capital assets	,074		4 444		4 400	,
4	(Explain in Part VI)	2/4	2,824	1,111	648	1,460	6,317
11	Total support. Add lines 7 through 10					40	33,162,413 28,772
12	Gross receipts from related activities, etc. (s					12	28,772
13	First five years. If the Form 990 is for the organization, check this box and stop here		secona, tnira, tourti	n, or ππη tax year a	is a section 501(c)	(3)	,
<u>,</u>			· ·	•			
	tion C. Computation of Public Su			· :	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (line 6,			f)) . •	· · · ·	14	98 08%
15	Public support percentage from 2017 Scheo			•	· •	15	98 10%
16a	33 1/3% support test—2018. If the organiz			, and line 14 is 33	1/3% or more, che	ck this box	, 
	and <b>stop here</b> . The organization qualifies a		٠,		•	· ·	
, р	33 1/3% support test—2017. If the organization				is 33 1/3% or more	e, check this -	
	box and stop here. The organization qualifi	ies as a publicly suj	oported organizatio	n .	_		▶
17a	10%-facts-and-circumstances test—201						•
1	10% or more, and if the organization meets						, ,
-	Part VI how the organization meets the "fac	ts-and-circumstanc	es" test The organ	ızatıon qualıfies as	a publicly support	ed .	_
	organization	· · ·	•		<b>1</b>		▶
, b	10%-facts-and-circumstances test—201					ine	* 1
	15 is 10% or more, and if the organization in Explain in Part VI how the organization mee					· Nv	•
	supported organization	,		1	rudilles as a public	<b>ני</b> ל	
1Ω	- · ·	not about a base a	line 42 405 405	470 or 47h -h1	this have and are		<b>-</b>
18	Private foundation. If the organization did	HOT CHECK A DOX ON	mie 13, 16a, 16b,	17a, or 17b, check	ulis dox and see	•	

02-0355374 Schedule A (Form 990 or 990-EZ) 2018 Page 3 Southeast Land Trust of New Hampshire 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) Section A. Public Support (d) 2017 (a) 2014 **(b)** 2015 (c) 2016 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total Amounts from line 6 0 10a Gross income from interest, dividends, payments received on securities loans, rents. 0 royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 O 0 0 0 c 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 . 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). 15 0 00% Public support percentage from 2017 Schedule A, Part III, line 15. 0 00% Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 0 00% Investment income percentage from 2017 Schedule A, Part III, line 17 0 00% 19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is

not more than 33 1/3%, check this box/and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

#### **Supporting Organizations** Part IV

(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**

- 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.
- 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
- 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
- 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
- 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
- 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
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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.
- 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.
- 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
- 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 )

<del></del>				
		Yes	No	
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	10b			

Part	<u> </u>	Supporting Organizations (continued)			
			Sancarasta M	Yes	No
11		the organization accepted a gift or contribution from any of the following persons?		52	
а		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440		- T-7-
<b>L</b>		w, the governing body of a supported organization?	11a 11b		
b		nily member of a person described in (a) above? % controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
C Secti		. Type I Supporting Organizations	1110		
0000	<u> </u>	. Type roupporting organizations		Yes	No
1	Did tl	he directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	_	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	_	olled the organization's activities. If the organization had more than one supported organization,			
	desci	ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	orgar	nizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported	11/2		
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			*1
		w providing such benefit carried out the purposes of the supported organization(s) that operated,	3.5	100 P	
		rvised, or controlled the supporting organization	2		
Secti	<u>on C.</u>	. Type II Supporting Organizations		r .	
			AL PARENTS	Yes	No
1		e a majority of the organization's directors or trustees during the tax year also a majority of the directors		<b>*</b>	
		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
Socti		upported organization(s)  All Type III Supporting Organizations	1	<u>L.</u>	
Secti	OII D.	All Type III Supporting Organizations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the	(452.0)	703	· (注)
•		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	57 A		
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	11639417	
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	77 N		47.75
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a		F. X	洲美
	signif	icant voice in the organization's investment policies and in directing the use of the organization's	all		
	ıncon	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard	3		
Secti	<u>on E.</u>	Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instr</b> i	uction	s)	
а	∐ Tr	ne organization satisfied the Activities Test Complete line 2 below			
b	Tr	ne organization is the parent of each of its supported organizations. Complete line 3 below			
c	Tr	ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions	)
2	Δctivi	ties Test Answer (a) and (b) below.		Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of	5-E-0-18-2 E	34A	(A)
•		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			TAN
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	7.77		
		hese activities constituted substantially all of its activities.	2a	***************************************	**********
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more	200	KE.	
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these			1
	activii	ties but for the organization's involvement	2b		
3	Parer	nt of Supported Organizations Answer (a) and (b) below.	L.		
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	200		
		ees of each of the supported organizations? Provide details in Part VI.	3a	Here, No. Service	35000
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its:	supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b	i l	

2 Enter 85% of line 1	_  2		<u> 4</u>	
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	2007年7月20日 1000日 1		
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-functionally integrated Type III supporting organization (see				

1 Adjusted net income for prior year (from Section A, line 8, Column A)

instructions)

Excess from 2018.

Schedule A (Fo	Southeast Land Trust of New Hampshire  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV		<u>e 8</u>
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, line 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	s 1c, 2a, 2b,	
Dort II Luca			
Part II Line	10 Other Income		
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#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	Name of the organization Employer identification number			
Southeast Land Trust of New Hampshire				02-0355374
Par		Advised Funds or Other Similar F	unds or Acc	ounts.
	Complete if the organization answer			
		(a) Donor advised funds		Funds and other accounts
1	Total number at end of year		1	
2	Aggregate value of contributions to (during year)	30,00	0	
3	Aggregate value of grants from (during year)	1,80		
4	Aggregate value at end of year .	222,47	<del></del>	
5	Did the organization inform all donors and don			ed
_	funds are the organization's property, subject t			X Yes No
6	Did the organization inform all grantees, donor			
	only for charitable purposes and not for the be			
	conferring impermissible private benefit?			X Yes No
Par			<u> </u>	
ı aı		ad "Vas" on Form 990 Part IV line	7	
1	Complete if the organization answer Purpose(s) of conservation easements held by		<del></del>	
ı	<del></del>	· -	tion of a historia	cells important land area
	Preservation of land for public use (e g , r			ally important land area
	X Protection of natural habitat	Preserva	tion of a certified	d historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribut	ion 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	241
b	Total acreage restricted by conservation easer	nents	2b	13,835 00
С	Number of conservation easements on a certif		2c	0
d	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	1	
	historic structure listed in the National Register	•	2d	0
3	Number of conservation easements modified,	transferred, released, extinguished, or te	rminated by the	e organization during
	the tax year ▶ 1			
4	Number of states where property subject to co	nservation easement is located	•	1_
5	Does the organization have a written policy reg	garding the periodic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservatio	n easements it holds?		. X Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	g conservation e	asements during the year
	1,679 50			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easem	nents during the year
	<b>▶</b> \$ 133,292			
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	s of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		•	. Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its reven	ue and expense	statement, and
	balance sheet, and include, if applicable, the to	ext of the footnote to the organization's fi	nancial stateme	ents that describes the
	organization's accounting for conservation eas	ements		
Part	III Organizations Maintaining Collect	ions of Art, Historical Treasures,	or Other Sim	ilar Assets.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line t	3.	
1a	If the organization elected, as permitted under			nent and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educ	ation, or researd	ch in furtherance of
	public service, provide, in Part XIII, the text of			
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil			
	public service, provide the following amounts r		,	
	(i) Revenue included on Form 990, Part VIII, li			▶ \$
	(ii) Assets included in Form 990, Part X .		<del>.</del>	<b>▶</b> \$
2	If the organization received or held works of ar		sets for financia	al gain, provide the
-	following amounts required to be reported und			gain, provide the
а	Revenue included on Form 990, Part VIII, line			<b>▶</b> \$
	Assets included in Form 990, Part X		•	▶ \$ ▶ \$
	riocolo miciados in Form 200, Falt A .	· . ·	· ·	

Sched	ule D (Form 990) 2018 Southeast Land Trust	of New Hampshi	re				02-03	<u>55374                                   </u>		Page 2
Part	III Organizations Maintaining Co	lections of Ar	t, Histo	rical Tre	asures, or	Other	Similar Asse	ts (conti	nued	)
3	Using the organization's acquisition, acce	ssion, and other	records,	check any	of the follow	ing tha	it are a significar	nt use of i	ts	
	collection items (check all that apply)									
а	Public exhibition		d	Loan or	exchange p	rogram	s			
b	Scholarly research		е	Other					. <b></b>	
С	Preservation for future generations									
4	Provide a description of the organization's XIII	s collections and	explain h	ow they fu	urther the org	janizati	on's exempt pur	pose in P	art	
5	During the year, did the organization solic assets to be sold to raise funds rather that							Y	es 🗌	] No
Part	Complete if the organization ans 990, Part X, line 21.		n Form 9	990, Part	IV, line 9, o	or repo	orted an amou	nt on Fo	rm	
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other in	termediar	y for conti	ributions or o	ther as	sets not		es 🗆	No
b	If "Yes," explain the arrangement in Part >	(III and complete	the follo	vina table	•	•		ш.	<sup>53</sup>	] 140
_	The state of the s						<del></del>	Amount		
С	Beginning balance				,	1	С			0
d	Additions during the year .					1	d			
е	Distributions during the year					1	е			
f	Ending balance .					1	f			0
2a	Did the organization include an amount or	n Form 990, Part	X, line 2	1, for escr	ow or custod	ial acco	ount liability?		es 🗌	No
b	If "Yes," explain the arrangement in Part >	(III Check here i	f the expl	anation ha	as been prov	ided or	Part XIII .	<del>-</del>		Ī
Part		<del></del>			<u> </u>		<del></del>			
	Complete if the organization ans	wered "Yes" or	n Form 9	90. Part	IV. line 10.					
		(a) Current year		or year	(c) Two years	back	(d) Three years ba	ck (e) Fo	our year	s back
1a	Beginning of year balance .	111,044		102,019	(	9,677	106,5	69	10	05,294
b	Contributions									
С	Net investment earnings, gains,									
	and losses	-3,818		13,918		7,173	-2,1	57		5,656
d	Grants or scholarships .									
е	Other expenditures for facilities									
	and programs	4,091		4,189		4,140	4,0	52		3,722
f	Administrative expenses	722		704		691	6	83		659
g	End of year balance .	102,413		111,044		2,019	99,6	77	10	06,569
2	Provide the estimated percentage of the o	current year end l	balance (	line 1g, co	olumn (a)) he	ld as				
а	Board designated or quasi-endowment	<b>•</b>	<u>%</u>							
b	Permanent endowment	100%								
С	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c s	·								
3a	Are there endowment funds not in the pos	session of the oi	rganizatio	n that are	held and ad	ministe	red for the			
	organization by							2-(1)	Yes	No
	(i) unrelated organizations .	•	•	•			•	3a(i)	X	\
L	(ii) related organizations .			Lan Caba	Hula DO	•		3a(ii) 3b		X
b	If "Yes" on line 3a(ii), are the related organ Describe in Part XIII the intended uses of		-					_ 30		J——
Part			S ELIGOWI	nent lunus						
ı alı	Complete if the organization ans		Form 0	ION Part	IV line 11a	S00	Form 990 Pai	rt Y line	10	
	<del></del>				or other basis		) Accumulated			
	Description of property	(a) Cost or oth (investme		, ,	or other basis other)		depreciation	(a) B	ook valu	16
	Land	,	0						8 2	75,427
b	Buildings		0		643,300		52,227		_	91,073
c	Leasehold improvements		0		0 10,000		02,227			0
d	Equipment		ő		29,133		28,585			548
e	Other		0		241		0			241
Total.	Add lines 1a through 1e (Column (d) mus	t equal Form 990	0, Part X,	column (E	3), line 10c )		<b>•</b>		8,86	67,289

Part VII				
•	Complete if the organization answere	ed "Yes" on Form 990,		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation market value,
(1) Financia	al derivatives ,	0		١,,,
	held equity interests	0	<u> </u>	
(3) Other				1.4
' (A)		•		
<u>(B)</u>				
(C)			*	
<u>(D)</u>	,			<u> </u>
<u>(E)</u>				· · · ·
.:_(F):	<del>-</del>			• •
(G) ]			<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·
(H)	<u> </u>			
	nn (b) must equal Form 990, Part X, col (B) line 12)	. ' 0	TOWN SERVICE S	
Part VIII	Investments—Program Related.	1 IIV II - <sup>1</sup> F 000	Dart IV line 44 - Can Farm (	000 Dark V 15 40
_ • •	Complete if the organization answere	ed "Yes" on Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
· (1)	5 y			
(2)	•		,	<u>*</u>
(3) .		1	•	g t 9 371
. (4)			·	· · · · · · · · · · · · · · · · · · ·
(5)	<u> </u>	• .		<u> </u>
(6)				
(7)				
(8)			,	
(9)				,
Part IX	Other Assets.  Complete if the organization answere  (a) De	ed "Yes" on Form 990,	Part IV, line 11d. See Form 9	990; Part X, line 15 (b) Book value
(1) ~	<u>-</u>	11		
(2)	*		.,	
(3)	·			<del></del>
(4)				
(5)		<del></del>		• 1
(6)				-
<u>(7)</u>			<del></del>	
(8)	<u> </u>	•	<u> </u>	<del>                                     </del>
	mn (b) must equal Form 990, Part X, col (B) lin	e 15)	<u> </u>	, ,
Part X	Other Liabilities.			
raitx	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11e or 11f See	Form 990, Part X,
	line 25.		, .	•
<u>1.                                      </u>	(a) Description of liability	(b) Book value		
<del></del>	income taxes	0		
(2)	*			
(3)	·· · · · · · · · · · · · · · · · · · ·			
(4)	<u> </u>			
(5)	<del></del>			
(6) -				
(7)	•	J 1	Opportunities and application of the control of the	் ஆண்ணர் ஆண்டியா வழிர் முறிரிய
. (8)	· · · · · · · · · · · · · · · · · · ·			
<u>(9) ·</u>	<del>-</del>			
	n (b) must equal Form 990, Part X, col. (D) line 25.) ▶	0	and the second s	
2. Liability for	r uncertain tax positions. In Part XIII, provide the	e text of the footnote to the o	organization's financial statements t	nat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part I		-	eturn.	<u>-</u>
1	Total revenue, gains, and other support per audited financial statements .			1	7,070,209
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	-61,947		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		<del></del>	2e	61,947
3	Subtract line 2e from line 1			3	7,132,156
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ŀ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b		•	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	7,132,156
Part	XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part I			Return.	
1	Total expenses and losses per audited financial statements			1	2,625,123
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				. —
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1.		•	3	2,625,123
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII )	4b			
	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		•	5	2,625,123
Part	XIII Supplemental Information.				, , , , , , , , , , , , , , , , , , , ,
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III,	art IV. I	ines 1b and 2b. Par	t V. line 4	Part X. line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-				, , a. , , , ,
			y acamonal informe	20011	
Part II	Line 3 The Organization assigned a conservation easement to the Society for the	e			
Protec	ction of New Hampshire Forests, another non-profit land trust at the same time th	e			
Organ	ization accepted the assignment of a separate conservation easement from the S	Society	· 	<b></b>	
for the	Protection of New Hampshire Forests. This was done to assure the separation of	of the			
owner	ship of land and the easements		•		
Part II	Line 9 Conservation easements are recorded at cost if purchased. Once the eas	ement			
has be	een acquired the value of the asset is written down to a value of \$1 on the Statem	nent			
	ancial Position with a corresponding entry to Program Service costs Donated				
easem	nents are not recorded as an asset, revenue or expense but a record of the trans-	action	•		
ıs maii	ntained and the details of the transaction are reported in a footnote to the		• • • • • • • • • • • • • • • • • • • •		
financ	al statements				
Part V	Line 4 This fund is held by NH Charitable Foundation for the benefit of SELT Th	е	•		
princip	al of the fund is permanently restricted. Earnings on the fund are distributed to				

Schedule D (Form 990) 2018 Southeast Land Trust of New Hampshire	02-0355374	Page 5
Part XIII Supplemental Information (continued)		
SELT for unrestricted use		
Part X Line 2 The Organization has been notified by the Internal Revenue Service that it		
is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code		
The Organization is further classified as an organization that is not a private foundation		
under Section 509(a)(3) of the Code. The most significant tax positions of the		
Organization are its assertion that it is exempt from income taxes and its determination		
of whether any amounts are subject to unrelated business tax (UBIT) The Organization		
follows the guidance of Accounting Standards Codification (ASC) 740, Accounting for Income	·	
Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than	· <del>-</del> -	
not for recognition and recognition of tax positions taken or expected to be taken in a		
tax return. All significant tax positions have been considered by management. It has been		
determined that it is more likely than not that all tax positions would be sustained upon		
examination by taxing authorities. Accordingly, no provision for income taxes has been		<del>-</del> -
recorded	·	
•		

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www irs gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number Southeast Land Trust of New Hampshire 02-0355374 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply. e X Solicitation of non-government grants X Mail solicitations a X Internet and email solicitations f X Solicitation of government grants b X  $\Box$ Special fundraising events Phone solicitations d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) custody or control of (II) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 Demont Associates Comprehensive 477 Congress St Fifth Floor Portland ME 0 campaign 2,217,183 57,700 2,159,483 Х 2 Five Maples Direct Mail 78 River Road South Putney VT 05346 18,316 16.075 Х 2,241 0 4 0 0 0 5 0 0 6 0 0 0 0 0 0

		1		
Total	. ▶	2,235,499	73,775	2,161,724
3 List all states in which the organization is registered or licensed to registration or licensing	o solicit	contributions or has	been notified it is e	xempt from
MA, NH				
	<del>-</del>			

0

0

0

0

0

0

0

0

0

10

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events Trail Fest Film Festival Annual Meeting (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts. 31,265 28,744 6,509 66,518 26,049 13,228 3,193 42,470 Less Contributions. Gross income (line 1 minus 5,216 15,516 3,316 24,048 line 2) Cash prizes 0 0 120 0 120 Noncash prizes . . Direct Expenses 10,197 875 Rent/facility costs 1,085 12,157 2,412 5,073 8,308 Food and beverages 823 1,605 Entertainment 350 1,955 Other direct expenses 9.321 2,375 2,918 14,614 Direct expense summary Add lines 4 through 9 in column (d) 37,154) Net income summary Subtract line 10 from line 3, column (d) -13.106Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add col (a) through col (c)) (a) Bingo (c) Other gaming bingo/progressive bingo Gross revenue 0 Direct Expenses 2 Cash prizes 0 Noncash prizes 0 Rent/facility costs 0 Other direct expenses Yes Yes % % Yes Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) 0) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? . . . If "No," explain Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?. Yes If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2018 Southeast Land Trust of New Hampshire	02-0355374 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records	ıd
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ 0 and the	
	amount of gaming revenue retained by the third party > \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation > \$ 0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	. Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶ \$	0
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional	
	See instructions.	

# SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047	2018
No 154	200

Open to Public Inspection

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

**Employer identification number** 02-0355374 8 N

X Yes

shire	
New Hamps	
d Trust of	
theast Land	
South	

Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance Part

. . . . . . . . Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?. .

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

₩-	f (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
5 4	(1) Town of Derry 14 Manning St Derry NH 03038	02-6000222		15.632				Land Conservation
<u>s</u>	(2) Merrymeeting Lake Association PO Box 468 New Durham NH 03855	02-0413287	501c3	20.000				Land Conservation
(E) 8	(3) Moose Mountains Regional Green PO Box 191 Union, NH 03887	02-0515870	501c3	8,620				Land Conservation
<b>€</b> 8	(4) Bear Paw Regional Greenways PO Box 19 Deerfield, NH 03037	04-3340659	501c3	623				Land Conservation
(6)					-			
(9)					:			
ε								
8)								
6								
(10)								
E								
(12)								
3 2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table.	501(c)(3) and g ganizations liste	overnment organization over the line 1 table	zations listed in the line 1	l table		<b>A A</b>	3

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

Schedule I (Form 990) (2018)

Page 2

Schedule I (Form 990) (2018) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed    Part III column (b); and any other additional information.    Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
Suppose is needed.  Is pace is needed.  In concash assistance of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of cash grand of noncash assistance of pl kunher of noncash assistance of pl kunher o
als. Complete if the organization answered "Yes" on Form 990, Part IV, line 2:  (e) Amount of rocash assistance ranky appraisal other)  aduired in Part I, line 2; Part III, column (b); and any other additional information.
organization answered "Yes" on Form 990, Part IV, line 22.  (d) Amount of PM, appraisal, other)  (e) Method of valuation (book, noncash assistance FMV, appraisal, other)  (e) Z. Part III, column (b); and any other additional information.
(e) Method of valuation (book, FMV, appraisal, other)  (b); and any other additional information.
(f) Description of noncash assistance tional information.

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

# **Noncash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Southeast Land Trust of New Hampshire

► 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 instructions and the latest information. Employer identification number

02-0355374

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes .				
8	Intellectual property				
9	Securities—Publicly traded				
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	X	10	429,828	FMV, NBV & Expectancy Table
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	Х	1	115,000	FMV
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 ► (	<u> </u>			
29	Number of Forms 8283 received by				
	which the organization completed	Form 8283	, Part IV, Donee Acknowledg	jement	29 2
					Yes No
30a		on receive l	by contribution any property	reported in Part I, lines 1 thr	ough
	28, that it must hold for at least thr			tribution, and which isn't req	
	to be used for exempt purposes for		holding period?		. 30a X
b	If "Yes," describe the arrangement				
31	Does the organization have a gift	acceptance	policy that requires the review	ew of any nonstandard	
	contributions?.				. 31 X
32a	Does the organization hire or use	third parties	s or related organizations to	solicit, process, or sell	
	noncash contributions?	•		•	32a   X
b	If "Yes," describe in Part II				
33	If the organization didn't report an	amount in	column (c) for a type of prop	erty for which column (a) is	
	checked, describe in Part II				

Schedule M (Fo	orm 990) 2018 Southeast Land Trust of New Hampshire	02-0355374	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33 and who	ether
are,	the organization is reporting in Deut Leelings (b), the number of contributions the number	of itams roos	ivod
	the organization is reporting in Part I, column (b), the number of contributions, the number	Ji ileilis iece	iveu,
	or a combination of both. Also complete this part for any additional information.		
			,
	•		

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

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Southeast Land Trust of New Hampshire

Employer identification number

02-0355374

Form 990, Part III, Line 4d Program Service Expenses 166,467, Grants and allocations 0,
Revenue 0 OUTREACH. Outreach to educate the general public about the importance of our
natural resources and rivers is completed through direct engagement on our lands and
easements, tabling at community events, publication of our newsletter SELT Views, and social
media engagement through Facebook and monthly E-news SELT hosted 22 field trips and
workshops that are free of charge and open to the public, with more than 290 participants
SELT also hosted six volunteer work days with local corporations. Additional events included
our 8th annual Wild & Scenic Film Festival (sold out with 800+ attendees), a revitalized SELT
TrailFest at the Burley Farms with more than 400 participants, and our annual Conservation
Celebration
Form 990, Part III, Line 4a LAND CONSERVATION CONTINUED SELT added 12 acres to the existing
Two Rivers Wildlife Preserve on the Lamprey River in Epping Also in Epping, SELT accepted the
fee ownership of 105 acres along the Pawtuckaway River, subject to a life estate, growing its
Pawtuckaway River Reservation. This gift was accepted after assigning the conservation
easement on that property to the Society for the Protection of New Hampshire Forests, who
assigned to SELT a conservation easement on the 66-acre Emerson property in Candia. The Lewis
family in Candia generously donated a conservation easement on 124 acres, part of a larger
vision of conserving land near Bear Brook State Park and along the North River. In Rochester,
SELT accepted a conservation easement on 49 acres of critical floodplain with 3,000 feet of
shoreline on the Cocheco River In Salem, SELT supported the Town's purchase of 100 acres as
an addition to the Town Forest and accepted a conservation easement on the 343-acre Town
Forest, with an outstanding network of trails, habitat, and a future water supply Finally,
SELT also assisted the US Natural Resources Conservation Service in their purchase of a
conservation easement on a 121-acre property in Danville which contained significant wetlands
and wildlife habitat. Three projects advanced our efforts to conserve lands for Clean Drinking

Water These included the purchase of the 158-acre Berry Brook Forest in Farmington, completed

Form 990, Part VI, Section B, Line 11b The Organization's draft Form 990 is prepared by an

Form 990, Part VI, Section C, Line 19 The Organization makes its governing documents,

Schedule O (Fprm 990 or 990-EZ) (2018)	Page 3
Name of the organization	Employer identification number
Southeast Land Trust of New Hampshire	02-0355374
conflict of interest policy and financial documents available to the public upon request by	
contacting the Organization via telephone, e-mail or our web site.	
Form 990, Part IX, Line 11g Other Professional Fees consist of the following Surveying	
701111 0001, 1011 714 1011 119 1011 1011 1011 1011 1011 101	
\$142,200, Project Management \$116,384, Appraisals \$50,725, Land Management Services	
\$34,064, Graphic Design. \$3,827, Payroll Service Fees \$1,024, Consulting and Other. \$28,981	
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