

(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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

**Open to Public** 

	artment of nal Reven	the Treasury ue Service	3	orm990 for instructions ar	•	. 1~1	Inspection
Α			lendar year, or tax year beginning		, and e	nding	
В	Check if	applicable	C Name of organization Southeast L	and Trust of New Hampshire	e	D Employe	er identification number
$\sqcup$	Address	change	Doing business as	<u>. –</u>	Room/suite		
	Name ch	ange	Number and street (or PO box if mail is no	02-035537			
$\dot{\exists}$			6 Center Street, PO Box 675  City or town	State	ZIP code	E Telephon	ie number
$\angle$	initial retu	ım	Exeter	NH	03833	(603) 778-	6088
البار	Final return	/terminated		in province/state/county	Foreign postal	code	
	Amended	l return				G Gross red	ceipts \$ 5,647,089
	Application	n pending	F Name and address of principal officer			H(a) Is this a group return	for subordinates? Yes X No
_			Samuel Reid President, Dover, NH	03820		H(b) Are all subordinal	
$\overline{}$	Tax-ever	npt status		◀ (insert no ) 4947(a)(1)	or 52	1	ist (see instructions)
÷		<u> </u>	w seltnh org	1 (months)		J	number >
<u>.,</u>					1	H(c) Group exemption	
		organization		olation Other ►	L Yea	er of formation 1980	M State of legal domicile NH
	art i		mmary			1 -1	11.
ą	1	•	escribe the organization's mission o			rotect and sustain f	tne significant
and	ł		our community for clean water, freshife The Organization has conserve				New Hampshire
Governance			nis box  if the organization di				
Š	2		<del>-</del>		or disposed		ما الما
ಶ	3 4		of voting members of the governing of independent voting members of the governing members of the	• •	Who 1h)		3 20 4 20
es	5		mber of individuals employed in cale			2020 🕡	
Activities	6		mber of volunteers (estimate if nece	•			6 236
Act	7a		related business revenue from Part	* *	00	DEN, U'	,7a 0
	b		elated business taxable income from			10 <u>L111</u>	7b 0
					-	Prior Year	Current Year
9	8	Contribu	itions and grants (Part VIII, line 1h)			7,10	06,428 5,535,308
Revenue	9	•	service revenue (Part VIII, line 2g)				4,724 10,885
ě	10		ent income (Part VIII, column (A), Iir				32,650 78,393
	11		venue (Part VIII, column (A), lines 5				11,6466,537
	12		enue—add lines 8 through 11 (must eq		ne 12)		32,156 <u>5,618,049</u>
	13		and similar amounts paid (Part IX, co			4	92,611
<b>"</b> A	14 15		paid to or for members (Part IX, col other compensation, employee benefi	• •	e 5_10\	78	36,193 863,421
Expenses	16a		onal fundraising fees (Part IX, colun		3 3-10)		73,775 55,845
pen	b		ndraising expenses (Part IX, column	• •	137,604		9,779
Щ	17		openses (Part IX, column (A), lines 1				20,280 3,635,282
	18		penses Add lines 13–17 (must equa		25)		25,123 4,647,159
	19		e less expenses Subtract line 18 fro		·	_	07,033 970,890
3 OF						Beginning of Curren	
ssete	20	Total ass	sets (Part X, line 16)				05,967 21,747,321
Net Assets or Fund Balances	21		oilities (Part X, line 26)				30,604 147,555
			ets or fund balances Subtract line 2	1 from line 20		20,32	25,363 21,599,766
	art II		nature Block	ludina accompania cahadulas	and statements	and to the best of my k	rowledge
and	belief, it i	s true, corre	y, I declare that I have examined this return, indect, and do the plate Declaration of preparer (other	groung accompanying scriedules or than officer) is based on all info	ormation of which	, and to the best of my k h preparer has any know	vledge
			1/1/11 2 1/1/1/		· · · · · · · · · · · · · · · · · · ·		
Sig			Signafule of officer	The state of the s		Date	10/2/20
He	re		Coper L'Mols	wik Men	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		10/30/20
_			Type or print name and title			<b>-</b>	
_		Print	VType preparer's name	Preparer's signature		Date	Check T if PTIN
Pa		Fric	Rowley				self-employed P00581700
	eparer		's name ► Rowley & Associates, P	C			02-0522619
U\$	e Only	<i>,</i> —	's address ► 46 N State Street, Cond				(603) 228-5400
	v sha IF					Phone no	
			s this return with the preparer show		>)		X Yes No
For	· Paper	work Red	uction Act Notice, see the separate i	nstructions.			Form <b>990</b> (2019)

Southeast	Land	Trust of	New	Hampshire

	Check if Schedule O contains a response or note to any line in this Part III .	X
1	Briefly describe the organization's mission	
	To protect and sustain the significant lands in our community for clean water, fresh food,	
	outdoor recreation, healthy forests, and wildlife	
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
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as	measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	
	the total expenses, and revenue, if any, for each program service reported	·
4a	(Code ) (Expenses \$ 3,348,794 including grants of \$ 92,611 ) (Revenue \$	7,060 )
	LAND CONSERVATION in 2019, SELT conserved a total of 3,263 acres of land, bringing the organization's cumulative impact to nearly 23,000 acres SELT's conservation work continued to	
	focus on three key areas Living Landscapes, Clean Drinking Water, and Farmland for the Future	
	Projects include SELT's acquisition of fee lands and easements and assisting federal partners in	
	acquiring conservation easements	
	Under our Living Landscapes initiative, SELT seeks to conserve large landscapes critical due to	
	recreational opportunities Embedded within our Living Landscapes initiative is an effort to connect through conservation land Pawtuckaway State Park to the Great Bay known a the Pawtuckaway	
	to Great Bay Greenway 11 such projects were completed, with the highlight being the 2,027-acre	
	Birch Ridge Community Forest in New Durham, SELT's largest ownership CONTINUED-SCHEDULE O	
4b	(Code ) (Expenses \$ 108,825 including grants of \$ ) (Revenue \$	3,825 )
	EASEMENT STEWARDSHIP In 2019, SELT completed its 12th consecutive year of annually monitoring all 197 conservation easements to ensure continued protection of the natural resources of these	
	and the second s	
	which we hold the executory interest on (back up to the primary easement holder). Finally, we	•
	contracted with municipalities to monitor 24 town conserved lands SELT completes this work	
	through two full time and two seasonal staff members complemented by our ongoing Volunteer	
	Easement Monitor Program In 2019, monitoring was completed primarily through property visits  SELT continues to seek ways to build cooperative relationships with our original and successor	
	landowners, SELT produced two recurs of our landowner population Everlanting, providing	
	informative articles on best management practices and ownership of conserved land SELT also sent	
	"anniversary cards" to all easement landowners, to remind them of the conservation tradition and	
	build a more personal relationship CONTINUED-SCHEDULE O	
4c	I AND MANACEMENT CELT's owned land respond to 26 reconstitions totaling more than 9,200 cores	)
	with the learnest addition have the Duck Didge Community Forcet. These CELT forward on the	
	development of a comprehensive management plan, working with the Community Forest Steering	
	Committee, with the goal of adopting it in 2020 SELT's primary focus in 2019 was implementing	
	grand opening was held in the fall, attended by more than 100 enthusiasts. At our Franklin-McElheny Preserve in Dover and Rollinsford, SELT's community working group completed its	
	work on how to best manage a hemlock wooly adelgid infestation, public access, and scenic beauty,	
	to command and a phonoid construct that we have to implement in 2020-21. In Novifields at the	
	Discourse Constructive CELT completed a 200 forther boardwalk to prote a year round loop for	
	Idda was an and belong which has been as an advertise the public CONTANTIES CONTINUES OF	
		·····
4d	Other program services (Describe on Schedule O )	0.)
4e	(Expenses \$ 269,064 including grants of \$ 0 ) (Revenue \$ Total program service expenses ► 4,251,440	0)
	1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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orm	990 (2019) • Southeast Land Trust of New Hampshire	02-0355374	P	age 3
Part	iV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			,
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		l	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<del> </del>	<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Pai	rt III 5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	$\vdash$	<u>X</u>
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ľ	ĺ
	"Yes," complete Schedule D, Part I	6	×	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<del>  ^`</del>	<del>                                     </del>
Ī	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	x	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	ot	ł	
	negotiation services? If "Yes," complete Schedule D, Part IV	9	L	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			10.4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		١	
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		l	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	<u> </u>
C	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	110	x	
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	<del>  ^-</del> -	├─
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Par	<b></b>	+	<del>  ^</del>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	]
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp		T	$\Box$
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Y	⁄es,"		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ľ	1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	1

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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

15

16

17

18

19 20a

20b

gaming (gambling) winnings to prize winners?

_Par	t IV Checklist of Required Schedules (continued)			
		<u></u>	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<del>  ^-</del>
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		}	İ
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1 :		ł
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
_	990-EZ? If "Yes," complete Schedule L, Part I	25b	L	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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,	2,		Â
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30	X	L
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	000		<u> </u>
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par			_	
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a		32		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			

Form 990 (2019)

Pan	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
				77
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	-
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.00		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		X
b	If "Yes," enter the name of the foreign country		æ.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		ate No.	7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		3. 4	Partie C
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
<b>u</b>	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
,	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ.
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	decay-state	strent 200
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		1.423
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			NAME OF STREET
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1999	\$2.55E
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	districtions.	100000000000000000000000000000000000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	*****	X
а	Note: See the instructions for additional information the organization must report on Schedule O	13a	7.784	^ ##
b	Enter the amount of reserves the organization is required to maintain by the states in which	-	* 3	
	the organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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		x
	If "Yes," see instructions and file Form 4720, Schedule N		139	*
	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		- march 14.	-450000	* Accountable of the

Form 990 (2019) ' Southeast Land Trust of New Hampshire Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 
MA, NH 18 Section 6104 requires an organization to make its Forms 1023 (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 apply Other (explain on Schedule O) X Upon request Own website X Another's website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 books and records

Brian Hart, Executive Director

6 Center Street, Exeter, NH 03833

#### Form 990 (2019) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII

**Employees, and Independent Contractors** 

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

Section A.	Officers.	. Directors.	Trustees.	Kev Employees	and Highes	t Compens	ated Em	plovees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

See instructions for the order in which to list the persons above

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

Check this box if neither the organization nor an	(B)	(C) Position			(D)	(E)	(F)			
Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)					an ee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Brian Hart	40 00	-	l		ľ	ĺ	l			
Executive Director	0 00			Х	X	Х		87,754		15,657
(2) Samuel Reid	4 00					1				
President	0 00	Х		Х	L.			<u> </u>		
(3) Ann Welsh	4 00									
Vice President	0 00		<u> </u>	X	_	<u> </u>	<u> </u>			
(4) Rob Wofchuck	4 00									
Treasurer	0 00	Х		Х	L	ļ	L.			
(5) Joan Pratt	4 00	ł	1	l	1	}			}	
Secretary	0 00	X		Х	L.		L_			
(6) Bill Campbell	2 00					ļ				
Director	0 00			<u></u>	<u> </u>		L_			
(7) Thomas Chamberlin	2 00			ŀ						
Director	0 00		<u></u>	<u> </u>	<u>_</u>	<u> </u>				
(8) Dan Clapp	2 00									
Director	0 00	+	L_		L.	<u> </u>	_			
(9) Terry Coyle	2 00		l	}	l	ļ				
Director	0 00	+			Ц.	<u> </u>				
(10) Bruce Goodwin	0 50		i			l				
Director	0 00	+	_		<u>_</u>					
(11) Pam Hall	2 00			ł						
Director	0 00		L			<u> </u>	<u> </u>			
(12) David Kirkpatrick	2 00			İ						ĺ
Director	0 00	X	<u> </u>		<u>L</u>	ļ				
(13) Scott Marion	2 00			ļ		1			]	j
Director	0 00	X	L		<u>_</u>		L_			
(14) Linda McGivern	2 00	1								
Director	0 00	Х		<u>.</u>		1			ļ	

P	art VII Section A. Officers, Directors, Ti	rustees, Key Em	ploye	es,	and	j Hi	ghes	t Co	ompensated Em	ployees (contin	ued)
	(A) Name and title	(B) Average	box,	unle	Pos neck ss pe	rson	than o	n an	(D) Reportable	(E) Reportable	(F) Estimated amount
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		$\overline{}$	Key employee	Highest compensated employee	$\overline{}$	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
	Brent Merriam		1								
(16)	Robin Najar	2 00		<del> </del>	,	$\vdash$	<del>                                      </del>	-		<del></del>	<u> </u>
Dire		0 00			ļ						
(17) Direc	Ann Smith ctor	2 00 0 00	1								
Direc		0 00	X								··· -
	Roger Stephenson		1								
(20) Direct	VJ Strehl	0 00 2 00 0 00									
	Dan Wyand		_								
Direc	ctor	0 00		Ļ							
(22)											
(23)		-									
(24)											
(25)											
1b	Subtotal							<b>&gt;</b>	87,754	0	15,657
C	Total from continuation sheets to Part VII,	Section A						•	0	0	
d_ 2	Total (add lines 1b and 1c)  Total number of individuals (including but not l		ited a	bov	e) v	vho	recei	<u>►</u> ved	87,754 more than \$100	0,000 of	15,657
	reportable compensation from the organization	<u>n</u>			-						Yes No
3	Did the organization list any <b>former</b> officer, diremployee on line 1a? <i>If</i> "Yes," complete Sche			-	ee,	or h	ighes	st co	ompensated		3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual									h	4 X
5 	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									vidual	5 X
	tion B. Independent Contractors	<del></del>									<del></del>
1	Complete this table for your five highest comp compensation from the organization Report of										tax year
	(A) Name and business ad								(B) Description of sen		(C) Compensation
											(
								<u> </u>		-	(
			·								
										<del></del>	
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		tho	se li	ste	d abo	ve)	who received		

Total. Add lines 11a-11d

Total revenue. See instructions

12

Form 990 (2019) \* Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 169,623 1c Fundraising events 35,444 1d d Related organizations 1e 2,726,723 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 2,603,518 Noncash contributions included in lines 1a-1f 383,856 Total. Add lines 1a-1f 5,535,308 Business Code Program Service 531390 10,885 10,885 Contracted services 0 0 0 0 0 All other program service revenue 10,885 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 78,393 78,393 4 Income from investment of tax-exempt bond proceeds 0 5 0 Royalties (ı) Real (II) Personal 6a Gross rents 6a 6b Less rental expenses Rental income or (loss) 6c Net rental income or (loss) (II) Other (i) Secunties 7a Gross amount from sales of assets other than inventory. 7a Other Revenue b Less cost or other basis and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 8a 20,651 8b 29,040 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses С Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b 0 Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous 531390 1,852 1,852 11a 0 All other revenue

1,852

12,737

5,618,049

70,004

### Form 990 (2019) • Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)
---	--

<u> </u>	Check if Schedule O contains a response or note			ompiete column (A)	,  X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			7 PA 44	
	domestic governments See Part IV, line 21	92,611	92,611		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			7.00
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				10 10 10 10
	individuals See Part IV, lines 15 and 16	0			1917
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	100,152	45,069	28,042	27,041
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
7	persons described in section 4958(c)(3)(B)	0	400 200	00.550	27.000
7	Other salaries and wages	633,444	499,200	96,556	37,688
8	Pension plan accruals and contributions (include	20.044	24.000	<i>E E 7</i> 0	2.052
9	section 401(k) and 403(b) employer contributions)	32,811	24,280	5,578	
_	Other employee benefits Payroll taxes	43,435 53,579	32,288 39,751	7,373 9,100	3,774 4,728
10 11	Fees for services (nonemployees)	33,579	39,731	9,100	4,720
	Management	0			
a	Legal	40,298	40,048	250	
b C	Accounting	11,489	40,048	11,489	
d	Lobbying	11,409		11,409	<del> </del>
e	Professional fundraising services See Part IV, line 17	55.845			55,845
f	Investment management fees	00,040	4948.8864.444 > + 242.52548000	COURT A DO CALL CALESCANDING AND A	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	494,070	484,231	9,722	117
12	Advertising and promotion	0		- 0,722	
13	Office expenses	22,448	7,567	12,453	2,428
14	Information technology	0	1,5		
15	Royalties	0			
16	Occupancy	8,484	161	8,323	0
17	Travel	9,009	8,146	648	215
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,955	1,242	2,626	87
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,860		16,860	0
23	Insurance	30,174	13,711	16,463	0
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24c expenses on Schedule O)		The Language Contract of		Committee of the Commit
a	Conservation easement and other project costs	2,857,642	2,857,492	150	0
b	Gate, sign and bridge costs	38,948	38,948	0	0
C	Printing and copying	28,389		5,366	2,511
d	Property taxes	25,784	25,784	07.110	0
e	All other expenses Other expenses	47,732	20,399	27,116	217
25	Total functional expenses. Add lines 1 through 24e	4,647,159	4,251,440	258,115	137,604
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)				
	10110WITIN SOF 30-2 (MSC 300-120)	<u> </u>	<u> </u>		000,000

Page 11

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 Cash—non-interest-bearing 273,040 1 447,549 2 3,788,202 2 Savings and temporary cash investments 2,972,179 3 3,405,947 Pledges and grants receivable, net 5,632,374 3 4 Accounts receivable, net 4,918 4 6.756 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 Notes and loans receivable, net 0 0 Inventories for sale or use 0 8 15,351 9 Prepaid expenses and deferred charges 11,846 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 11,129,240 10a Less accumulated depreciation 10b 97,671 8,867,289 10c 11,031,569 11 Investments—publicly traded securities 11 Investments-other securities See Part IV, line 11 791.426 854.863 12 12 Investments-program-related See Part IV, line 11 621,191 13 13 2,302,374 14 Intangible assets 0 14 0 612,176 15 714,238 15 Other assets See Part IV, line 11 20,605,967 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 21,747,321 17 Accounts payable and accrued expenses 20,604 17 17,555 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 0 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 260,000 24 Unsecured notes and loans payable to unrelated third parties 24 130,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 280,604 147,555 26 26 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. 3,378,179 27 27 Net assets without donor restrictions 3,664,239 28 Net assets with donor restrictions 16,947,184 28 17,935,527 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0 29 30 0 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 0 31 32 21,599,766 32 Total net assets or fund balances 20,325,363 33 20,605,967 33 21,747,321 Total liabilities and net assets/fund balances

Form	990 (2019) Southeast Land Trust of New Hampshire	0	2-0355374	Page	12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,618,0	)49
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,647,1	159
3	Revenue less expenses Subtract line 2 from line 1	3	· <del>-</del>	970,8	390
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	,325,3	363
5	Net unrealized gains (losses) on investments	5		299,8	353
6	Donated services and use of facilities	6		3,6	360
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21	,599,7	<u> 766</u>
Part	·			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>_</u>	
1 2a	Accounting method used to prepare the Form 990		2a		No X
L	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		2b	X	
b	Were the organization's financial statements audited by an independent accountant?  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  Consolidated basis  Both consolidated and separate basis		20	\$ 15 m	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		2c	X	
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	х	
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 on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form \$	90 (20	J19)

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

## **Public Charity Status and Public Support**

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Sou	thea	st Land Trust of New Hampshire	9				02-03	55374
Pa	_	Reason for Public Char						
	orga	inization is not a private foundat	•	•				_
1	닏	A church, convention of church					(A)(i).	17
2	닏	A school described in <b>section</b>		•			¥	<i>)</i> (
3	$\square$	A hospital or a cooperative hos	•		-		•	
4	Ш	A medical research organizatio hospital's name, city, and state		nction with a hospital d	escribed	n section	<b>170(b)(1)(A)(iii)</b> . En	ter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a gov	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	)(b)(1)(A)(	v).	
7	X	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental u	ınıt or from the gene	ral public
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II )			
9		An agricultural research organizor university or a non-land-grar university	zation described in a nt college of agricult	section 170(b)(1)(A)(ix ure (see instructions)	r) operated Enter the	d in conjur name, city	nction with a land-gra , and state of the col	ant college llege or
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ins—subject to certain ed business taxable in	exception come (les	s, and (2) s section 5	no more than 33 1/3	% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	scribed in section 509	a)(1) or	section 50	9(a)(2). See section	า 509(a)(3).
а	[	Type I. A supporting organize the supported organization (software)	s) the power to regu	larly appoint or elect a				
t	) [	Type II. A supporting organize control or management of the organization(s) You must c	ne supporting organi	zation vested in the sa				
C	. [	Type III functionally integra						rated with,
d	ſ	its supported organization(s  Type III non-functionally in		•				anization(e)
· ·	L	that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	urement and an att	
е		Check this box if the organiz	zation received a wr	itten determination from	n the IRS	that it is a		e III
		functionally integrated, or Ty	•	lly integrated supporting	ng organiz	ation		
1		Enter the number of supported of Provide the following information	<del>-</del>	ed organization(s)				0
g		Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				•	Yes	No		
(A)								
(B)								
(C)								
(D)	<u></u>							
(E)								
Tota	1						0	0

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

Support Schedule for Organizations Described in Sections 176(b)(1)(A)(1) and 176(b)(1)(A)(4)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify unde
Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,509,666	6,222,010	7,846,182	7,106,428	5,535,308	35,219,594
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3,933,933		110,10,100			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		·				0
4	Total. Add lines 1 through 3	8,509,666	6,222,010	7,846,182	7,106,428	5,535,308	35,219,594
5	The portion of total contributions by	8,309,000	0,222,010	7,040,102	7,100,428	3,333,308	33,219,394
	each person (other than a governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						282,287
6	Public support. Subtract line 5 from line 4	ME ALLE	告議で調び		法,其政治整治	聚"为现代该联	34,937,307
	tion B. Total Support					,·	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) 2019	(f) Total
7	Amounts from line 4	8,509,666	6,222,010	7,846,182	7,106,428	5,535,308	35,219,594
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
•	similar sources	17,272	16,339	16,505	29,655	78,393	158,164
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,824	1,111	648	1,460	1,852	7,895
11	Total support. Add lines 7 through 10	2,024	7,111	3.6.4.5.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	1,400	1,002	35,385,653
12	Gross receipts from related activities, etc. (s	see instructions)	T. MARKET STATE OF THE STATE OF	SERVED CONTRACTOR OF THE CONTRACTOR OF	- 15 44 20 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12	39,925
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first, s		n, or fifth tax year a	is a section 501(c)	L	<b>▶</b>
	tion C. Computation of Public Su	<del></del> -				<del> </del>	
	Public support percentage for 2019 (line 6,	• •	•	t))		14	98 73%
	Public support percentage from 2018 Scheo. 33 1/3% support test—2019. If the organizand stop here. The organization qualifies a	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	98 08% ► X
b	33 1/3% support test—2018. If the organization qualif			•	s 33 1/3% or more	e, check this	▶ □
17a	a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in Explain in Part VI how the organization meesupported organization	neets the "facts-and	i-circumstances" te	est, check this box	and stop here.		<b>&gt;</b>
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<b>▶</b> □

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

	<u>If the organization</u> fails <b>∖</b> to qu	ualify under the	tests listed belo	<u>ow, please com</u>	<u>iplete Part II)</u>		
Sec	tion A. Public Support	<del></del> _	- <del></del>				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,	· · · · · · · · · · · · · · · · · · ·				
	received (Do not include any "unusual grants")					/	- 0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			}	}	$\vee$	
	furnished in any activity that is related to the		-		/	1	0
3	organization's tax-exempt purpose	<del></del>		<del></del>	<del></del>	+	
3	Gross receipts from activities that are not an						0
4	unrelated trade or business under section 513	<del></del>	<del></del>			<del> </del>	
4	Tax revenues levied for the						
	organization's benefit and either paid to	\					0
_	or expended on its behalf				/	-	
5	The value of services or facilities		\	/			
	furnished by a governmental unit to the						•
_	organization without charge		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/		<del>                                     </del>	0
6	Total. Add lines 1 through 5	0	\ 0	/ 0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons			<b></b>		<del>                                     </del>	0
b	Amounts included on lines 2 and 3		\ \				
	received from other than disqualified		$\setminus$	/			
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year			<u> </u>			0
С	Add lines 7a and 7b	0	/ 0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6 )			<b>经</b> 人工工程等			0
	tion B. Total Support				<del>_</del>	<del>, -</del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	/ (b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	ø	0	\ 0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			\			
	royalties, and income from similar sources				<u> </u>		0
b	Unrelated business taxable income (less				\		
	section 511 taxes) from businesses					i i	
	acquired after June 30, 1975				<u> </u>		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business				_ \		
	activities not included in line 10b, whether				\	}	
	or not the business is regularly carried on				\		0
12	Other income Do not include gain or						
	loss from the sale of capital assets				\	1	
	(Explain in Part VI )			,			0
13	Total support. (Add lines,9, 10c, 11,						
	and 12)	0	0	0	o		0
14	. ,	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here	=		•		``\	▶ [
Sec	tion C. Computation of Public Su		age	<del></del>			
15	Public support percentage for 2019 (line 8,			(f))		15	0 00%
	Public support percentage for 2019 (line 6, 6)  Public support percentage from 2018 Scheo		-	v//		16	0 00%
	ction D. Computation of Investment					1.0	
<u>360</u> 17	Investment income percentage for 2019 (lin			column (ft)		17	0 00%
	,	• •		~iuiiii (1 <i>))</i>		18	
18 10a	Investment income percentage from 2018 S			A and line 15 is ~	ore than 22 1/20/		0 00%
ı 7d	33 1/3% support tests—2019. If the organ not more than 33 1/3%, check this box and					and mic 17 15	\
h	33 1/3% support tests—2018. If the organ	-				33 1/3% and	
J	line 18 is not more than 33 1/3%, check this						\ ▶□
	mis to is not more than 55 1/5/6, check this	. Jon and Stop Hell	The organization	. quamico ao a pub	, Jupported org	Jan 112 au 011	\

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
		de la
1		
2 3a	- 100	
3b 3c	- 2 %	
4a		
46	Secretary Secretary	
4b		
4c		
5a 5b		
5c		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part	Supporting Organizations (continued)			
		(Val.) 400, 20	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	200		248
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
<u>Secti</u>	on B. Type I Supporting Organizations			T
_	Did the diseases to the end of the second of	\$500 St	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		2	
	controlled the organization's activities. If the organization had more than one supported organization,	- 4		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	300 A		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	THE STATE OF	7000	0.00ec#9.
2	Did the organization operate for the benefit of any supported organization other than the supported	100		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	31, C		
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations	1		L
Secu	on c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\$A, 1, 2	1800C	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	3.7		- 2.3
	or management of the supporting organization was vested in the same persons that controlled or managed	10,700		
	the supported organization(s)	1	7.4.15.	
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	21/2	33,7	· 5/38
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	<b>基</b> 等		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1/17
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1600		11.32
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<b>1</b>		1,37
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	يان پهروز		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	100		
	supported organizations played in this regard	3		
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstruc	tions)	
2			<del></del>	No
2	Activities Test Answer (a) and (b) below.	205	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	20		2020
<b>L</b>		2a	25200	<b>75</b> 0
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		2 444	al de
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		2000
2		20 P3***	(4.6°C)	大學
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	22445	THE
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3 <b>d</b>	20%	×2.20
IJ	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3h	SE HEL	

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızatı	ons must complete Section	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			<u> </u>
collection of gross income or for management, conservation, or			
_ maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	23		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		Walter Commence of the State of
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	7		
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2	A CONTRACT OF THE PROPERTY OF	Total Control of the
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<u>_</u>	
see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	╅		<del></del>
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ily inte	egrated Type III supporting	
instructions)	,	3 71	J (

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	Current Year			
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		١	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		.—	
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is respon	nsive	
	(provide details in Part VI) See instructions	<u> </u>	<del></del>	ļ
9	Distributable amount for 2019 from Section C, line 6			0 000
10	Line 8 amount divided by line 9 amount	<u> </u>	(ii)	(iii) 0 000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI) See			
	instructions		The first of the common than t	- 100 P
3	Excess distributions carryover, if any, to 2019	F. Francis C. F. Carrier (1987)		In Vision Comment Calculation of A Management and Date and
<u>a</u>	From 2014 0	The state of the s	and the state of t	
b	From 2015 0	200 Carrier 1997		
<u> </u>	From 2016 0	Distriction of a strategy of common service.	ரத்திருள் இருந்து இருந்து இரு மான்று இதுத்திருந்து	Many forth to boom through the short manage had
<u>d</u>	From 2017 0		THE PARTY OF THE P	A CONTRACTOR OF THE PROPERTY O
	From 2018 0			
f	Total of lines 3a through e	U ACTIVITIES VEX SECRET FERE	<b>就搬送。</b> 17.6/24/2-6-7, %。	068037 37.885 - 7 J. J. J. J. J. J. J. J. J. J. J. J. J.
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u> i	Applied to 2019 distributable amount  Carryover from 2014 not applied (see instructions)	\$500000 \$1000000 \$1000000000000000000000		
<u>_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
•	Section D, line 7 \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			0
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2019, if			Series Series
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	0		
, 8	Breakdown of line 7		ANZ 11 10 10 10 10 10 10 10 10 10 10 10 10	22 U.S. 2011 2011 2011 2011 2011 2011 2011 201
<u>a</u>	Excess from 2015 0			
b	Excess from 2016 .0	74.5		
<u></u>	Excess from 2017 0	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
d	Excess from 2018 0	MARIE TO AND THE		
е	Excess from 2019 0	Bridge Control of the	Parishas Anthon I indonesia (Market Company of the Boat Sur-	ALEX SECRETARISM TO THE SECOND

Schedule A (F	Form 990 or 990-EZ) 2019	Southeast Land Trust	of New Ha <u>mpshire</u>		02-0355374	Page 8
Part VI			lanations required by Part II, lir	ne 10, Part II, line 17a or		
			sc, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a			
			art IV, Section D, lines 2 and 3,			
			ine 1e, Part V, Section D, lines			
			iny additional information (See		0000011 2,	
	illes 2, 5, and 6 Als	so complete this part for a	iny additional information (See	instructions )	·	
<b></b>						
			·			
			4			

### 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.

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name	Employer identification number		
South	neast Land Trust of New Hampshire	•	02-0355374
Part		Advised Funds or Other Similar Fu	
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	40,000	
3	Aggregate value of grants from (during year)	85,276	
4	Aggregate value at end of year	179,394	
5	Did the organization inform all donors and don	or advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal control	? X Yes No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		X Yes No
Part	Il Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
	X Preservation of land for public use (for examp	ile, recreation or education) Preservatio	n of a historically important land area
	X Protection of natural habitat	Preservatio	n of a certified historic structure
	X Preservation of open space	_	
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	n 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		<b>2a</b> 251
b	Total acreage restricted by conservation easen	nents	<b>2b</b> 14,400 00
C	Number of conservation easements on a certif		<b>2c</b> 0
d	Number of conservation easements included in		
	historic structure listed in the National Register		<b>2d</b> 0
3	Number of conservation easements modified,	transferred, released, extinguished, or tern	ninated by the organization during
	the tax year ▶1		
4	Number of states where property subject to co		<u>1</u>
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservatio		X Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and enforcing of	conservation easements during the year
7	1,697 00	ting handling of walstings and enforcing cons	on other concerns the during the year
′	Amount of expenses incurred in monitoring, inspect  108,825	ling, nandling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements of	of section 170(h)(4)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?	Time 2(d) above satisfy the requirements of	Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	
•	balance sheet, and include, if applicable, the te		
	organization's accounting for conservation eas	<del>-</del>	
Part		ions of Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under		e statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, educati	on, or research in furtherance of
	public service, provide in Part XIII the text of th	e footnote to its financial statements that of	lescribes these items
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	atement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts re	elating to these items	
	(i) Revenue included on Form 990, Part VIII, li	ne 1	<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar	t, historical treasures, or other similar asse	ts for financial gain, provide the
	following amounts required to be reported under	er FASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line	1	<b>\$</b>
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sched	ule D (Form 990) 2019 Southeast Land Trust of	New Hampshire				02-0355	374		Page <b>2</b>
Par	III Organizations Maintaining Colle	ctions of Art, Hi	storical Tre	asures, or	Other S	imilar Assets	(conti	nued)	
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, check any	of the follow	ing that m	nake significant i	use of i	ts	
а	Public exhibition	d	Loan or	exchange pr	ogram				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and evola	ain how they fi	irther the ora	anization'	s evemnt nurno	ee in De	art	
7	XIII	onconons and exple	ann now they it	araner and org	a. iizatioii	s exempt purpo	30 111 1		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Y	es 🔲	No
Part	Complete if the organization answi 990, Part X, line 21		rm 990, Part	IV, line 9, c	or reporte	ed an amount	on For	m	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary for conti	ributions or o	ther asset	ts not	☐ Y6	.s [ ]	No
b	if "Yes," explain the arrangement in Part XIII	and complete the	following table				Ш.	~ [	
	. ,	•	J			A	mount		
С	Beginning balance				1c				0
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f	l			0
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21, for escr	ow or custod	ial accour	nt liability?	Y€	× ∐	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the	explanation ha	as been prov	ided on Pa	art XIII			
Part									
	Complete if the organization answer					<del> </del>			
	<u> </u>		b) Prior year	(c) Two years		I) Three years back	(e) Fo	ur years	
1a	Beginning of year balance Contributions	102,413	111,044	70	02,019	99,677	<u> </u>	10	6,569
b c	Net investment earnings, gains,	<del></del>					<del> </del>		
C	and losses	13,085	-3,818	•	13,918	7,173		_	2,157
d	Grants or scholarships	10,000	0,010		0,0.0		<del> </del>		
е	Other expenditures for facilities								
	and programs	4,150	4,091		4,189	4,140	1		4,052
f	Administrative expenses	726	722		704	691			683
g	End of year balance	110,622	102,413		11,044	102,019	<u></u>	9	9,677
2	Provide the estimated percentage of the cur	rent year end balan	ice (line 1g, co	olumn (a)) he	ld as				
a	Board designated or quasi-endowment	400%							
b c	Permanent endowment  Term endowment  %	100%							
C	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
За	Are there endowment funds not in the posse		zation that are	held and ad	ministered	d for the			
	organization by	<b>- -</b>						Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiz						3b		
4	Describe in Part XIII the intended uses of the		dowment fund:	S					
Pa <u>rt</u>	VI Land, Buildings, and Equipment Complete if the organization answer		rm 990, Part	IV, line 11a	See Fo	orm 990, Part	X, line	10	
	Description of property	(a) Cost or other bas (investment)		or other basis		ccumulated	(d) B	ook valu	e
1a	Land		0	10,456,556				10,45	6,556
b	Buildings		0	643,300		68,721			4,579
С	Leasehold improvements		0	0		0			0
d	Equipment	<u></u>	0	29,133		28,950			183
_	O.1.	•	Ο.	054	•	ΛI			054

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

11,031,569

Part VII					
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b	See Form 990, Part X	<u>ζ line 12</u>
	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation st or end-of-year market value	
(1) Financia	al derivatives	0			
(2) Closely	held equity interests .	0			
(3) Other					
/A\					
(C)					<del>_</del>
(D)		<del>                                     </del>	<u> </u>		
(E)		<u> </u>	<del></del>	······································	
(F)					
(G) (H)		<del> </del>	<del></del>		<del></del>
	n (b) must equal Form 990, Part X, col (B) line 12)	. 0		795	COST IN CHANGE IN
Part VIII	Investments—Program Related.	<u> </u>	L		
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c	See Form 990, Part X	l, line 13
	(a) Description of investment	(b) Book value	Co	(c) Method of valuation ast or end-of-year market value	
(1) Investr	nents	2,302,374			
(2)					
(3)					
(4)					
(5)					
(6)					
					<del>-</del>
(8)					
(9)	(h)	2 202 274			
Part IX	n (b) must equal Form 990, Part X, col (B) line 13)	2,302,374	<u> </u>		
Part IX	Other Assets.  Complete if the organization answered	"Ves" on Form 990	Dart IV line 11d	See Form 990 Part X	( line 15
	(a) Descri		raitiv, line riu		ook value
(1)	(7)			(., -	
(2)			-		
(3)					
(4)					
(5)			· · · · · · · · · · · · · · · · · · ·		
_(6)					
(8)			<del></del>		
(9)	ımn (b) must equal Form 990, Part X, col (B) l	lino 15 )		<b>•</b>	
Part X	Other Liabilities.	<u> </u>			
I dit A	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11e	or 11f See Form 990.	Part X.
	line 25	, , , , , , , , , , , , , , , , , , , ,			,
1.		tion of liability		(b) Bo	ook value
(1) Federal	income taxes				0
(2)					
(3)					
(5)					
(6)					<del></del>
					<del></del>
(8)					
Total (Colu	mn (b) must equal Form 990, Part X, col (B) I	ine 25 )		•	0
	,, made degran dim dod, i dit A, ddi (D) i	···· · /		* I	•

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

X

Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	enue per Retu	rn.	
1	Total revenue, gains, and other support per audited financial statements		1	5 021 562
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u>-</u>	5,921,562
	Net unrealized gains (losses) on investments	299,853		
	Donated services and use of facilities 2b	3,660		
	Recoveries of prior year grants  2c	3,000		
	Other (Describe in Part XIII )			
	Add lines 2a through 2d		2e	303,513
	Subtract line 2e from line 1		3	5,618,049
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b  4a			
	Other (Describe in Part XIII ) 4b			
	Add lines 4a and 4b	4	lc	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,618,049
	XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		
1	Total expenses and losses per audited financial statements		1	4,647,159
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		ŀ	
d	Other (Describe in Part XIII )			
	Add lines 2a through 2d		e	0
	Subtract line 2e from line 1	<u></u>	3	4,647,159
	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII )			
	Add lines 4a and 4b		c	0
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,647,159
	XIII Supplemental Information.	h d Ob - D d \ /	1 1 4	Dark V. Ivaa
	the the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1			Paπ X, line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional informatio	n	
Part II	Line 9 Conservation easements are recorded at cost if purchased. Once the easement			
has be	een acquired the value of the asset is written down to a value of \$1 on the Statement			
	and ID at the ID and ID			
of Fina	ancial Position with a corresponding entry to Program Service costs. Donated			
	and an action and all an an area to a second as the transposition			
easem	nents are not recorded as an asset, revenue or expense but a record of the transaction			
o mau	ntained and the details of the transaction are reported in a feetness to the			
Sman	ntained and the details of the transaction are reported in a footnote to the			
financi	ial statements			
illialici	iai statements			
Part V	Line 4 This fund is held by NH Charitable Foundation for the benefit of SELT The			
	Elife 4 This faile is field by All Changes I canadator for the bollone of CEEL This			<del>-</del>
orincia	oal of the fund is permanently restricted. Earnings on the fund are distributed to			
<u> </u>	and of the raine to permanently resourced. Earnings on the raine are also assured to			
SELT 1	for unrestricted use			
Part X	Line 2 The Organization has been notified by the Internal Revenue Service that it			
s exer	mpt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code			
The O	rganization 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			

Schedule D (Form 990) 2019 Southeast Land Trust of New Hampshire	02-0355374	Page 5
Part XIII Supplemental Information (continued)		
Organization are its assertion that it is exempt from income taxes and its determination	on	
of whether any amounts are subject to unrelated business tax (UBIT) The Organizat	on	
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	
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 t	peen	
determined that it is more likely than not that all tax positions would be sustained upo	n	
examination by taxing authorities. Accordingly, no provision for income taxes has been	<u>n</u>	
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 Name of the organization

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

Inspection Employer identification number

Southeast Land Trust of New Hampshire					02-03	55374		
Part I Fundraising Activities. C								
Form 990-EZ filers are not required to complete this part								
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply</li> <li>X Mail solicitations</li> <li>X Solicitation of non-government grants</li> </ul>								
		=		•				
<b>b</b> X Internet and email solicitations		=		of government grant	S			
c X Phone solicitations		g X S	pecial fund	raising events				
d X In-person solicitations								
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?								
					•			
b If "Yes," list the 10 highest paid indiv		s (fundrais	ers) pursua	ant to agreements u	nder which the fund	raiser is to be		
compensated at least \$5,000 by the	organization							
					(1) Amount and to			
(i) Name and address of individual	(II) Activity		draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) Activity		utions?	from activity	fundraiser listed in col (i)	organization		
		Yes	No					
1 Demont Associates	Comprehensive				ĺ			
477 Congress St Fifth Floor Portland ME C			X	636,265	42,800	593,465		
2 Five Maples	Direct Mail							
78 River Road South Putney VT 05346			Х	3 <u>3</u> ,101	13,045	20,056		
3			]			0		
4				0	0	0		
•				o	o	0		
5						<del></del>		
				0	0	0		
6						0		
7				. 0	0	0		
,			]	0	o	0		
8								
				0	0	0		
9						•		
10				0	0	0		
10				o	ol	0		
			<u> </u>			<u>_</u>		
Total			<b>•</b>	669,366	55,845	613,521		
3 List all states in which the organization	on is registered	or license	d to solicit o	contributions or has	been notified it is e	xempt from		
registration or licensing								
MA, NH					-	- •		
					• •	-		
	•					-		
	-							
	***	•						
				·				

Schedule G (Form 990 or 990-EZ) 2019 Southeast Land Trust of New Hampshire 02-0355374 Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events Film Festival TrailFest NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 28,820 27,275 0 56,095 0 Less Contributions 15,003 20,441 35,444 2 Gross income (line 1 minus line 2) 13,817 6,834 0 20,651 Cash prizes 0 0 Noncash prizes 0 0 Direct Expenses Rent/facility costs 8,009 643 0 8,652 0 Food and beverages 3,031 546 3,577 0 Entertainment 1,400 1,286 2,686 0 Other direct expenses 3,363 10,762 14,125 Direct expense summary Add lines 4 through 9 in column (d) 29,040) Net income summary Subtract line 10 from line 3, column (d) -8,389 Part 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 Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 0 Direct Expenses 0 2 Cash prizes Noncash prizes 0 Rent/facility costs 0 5 Other direct expenses 0 ....% Yes % Yes % Yes 6 Volunteer labor No No No

	7 Direct expense summary Add lines 2 through 5 in column (d)	<b>&gt;</b>	Ĺ			<u>)</u>
	8 Net gaming income summary Subtract line 7 from line 1, column (d)	<u> </u>				(
9	Enter the state(s) in which the organization conducts gaming activities					_
	a Is the organization licensed to conduct gaming activities in each of these states?  If "No," explain			Yes	□ No	<b>)</b>
lOa b				Yes	☐ No	- >
			·			

Sched	ule G (Folm 990 or 990-EZ) 2019 Southeast Land Trust of New Hampshire	02-0355374 Page <b>3</b>
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 a b 14	Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books a records	13a % 13b % nd
	Name ►	
15a b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   0 and the amount of gaming revenue retained by the third party   0	Yes No
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 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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	Yes No
Part		is (iii) and (v), and
. <b></b> -		

# SCHEDULEI (Form 990)

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

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

► Attach to Form 990.

2019	Open to Public	Inchestion

OMB No 1545-0047

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

Employer Identification number

ŝ

Department of the Treasury Internal Revenue Service Name of the organization

Southeast Land Trust of New Hampshire

02-0355374

General Information on Grants and Assistance   Loss 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?    Does the organization maintain maintain maintain to a selection criteria used to award the grants or assistance?   X		the grants or assistance, and	. X Yes		e if the organization answered "Yes" on	itional space is needed
이후 품 회 이 이	Seneral Information on Grants and Assistance	le organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for	ction criteria used to award the grants or assistance?	e in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Frants and Other Assistance to Domestic Organizations and Domestic Governments. Completed	300 Bart IV line 21 for any recipient that received more than \$5,000. Bart II can be displicated if additional space is needed

-	1 (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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(E) Q	(1) Moose Mountains Regional Green PO Box 191 Union, NH 03887	02-0515870	501c3	000'06				Land Conservation
(2) T	(2) The Nature Conservancy 22 Bridge Street, 4th Floor Concord, N	53-0242652	501c3	1,991				Land Conservation
(E) Q	(3) Bear Paw Regional Greenways PO Box 19 Deerfield, NH 03037	04-3340659	501c3	620				Land Conservation
9								
<u>(6)</u>								
<u>@</u>								
6								
<u>@</u>								
6								
(10)								
£								
(12)								
7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	ations listed in the line	1 table			3
က	Enter total number of other organizations listed in the line 1 table	rganizations liste	ed in the line 1 table					O

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

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Schedule I (Form 990) (2019)

Partill

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance က 4 S 9

Schedule I (Form 990) (2019)

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization Southeast Land Trust of New Hampshire

Employer identification number 02-0355374

		(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				
0	Securities—Closely held stock				
1	Securities—Partnership, LLC,				
	or trust interests	1			
2	Securities—Miscellaneous				
3	Qualified conservation				
	contribution—Historic		<u> </u>		
	structures				
4	Qualified conservation				
	contribution—Other	X	6	332,468	FMV and NBV
5	Real estate—Residential				
6	Real estate—Commercial	_			
7	Real estate—Other	X	1	51,388	Appraised Value
8	Collectibles				
9	Food inventory				
0	Drugs and medical supplies				
1	Taxidermy				
2	Historical artifacts				
3	Scientific specimens				
4	Archeological artifacts				
5	Other ▶ ()				
6	Other ► ()				
7	Other ► ()				
8	Other ▶ ( )				
9	Number of Forms 8283 received				20
	which the organization completed	rom 8283,	, Part IV, Donee Acknowledg	ement	29   Yes No

to be used for exempt purposes for the entire holding period?

- b If "Yes," describe the arrangement in Part II
- Does the organization have a gift acceptance policy that requires the review of any nonstandard 31
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - b If "Yes," describe in Part II
- If the organization didn't report an amount in column (c) for a type of property for which column (a) is 33 checked, describe in Part II

			_ 4
		Yes	No
ļ	30a		X
	31		X
	32a		×

Schedule M (Form 990) 2019 Southeast Land Trust of New Hampshire	02-0355374 Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 3	32b, and 33, and whether
the organization is reporting in Part I, column (b), the number of contributions, the n	
or a combination of both. Also complete this part for any additional information	•
	****
.,	
V	************
······································	
** , **********************************	
	·

### 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 0)19Open 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 269,064, 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, digital and print newsletters and social media, an expanded volunteer program, and partnerships with other organizations. In 2019, SELT grew our volunteer program by 66%, to more than 216 volunteers, helping with office work, land stewardship, outreach events, and more In addition, SELT formed a new partnership with the White Pine Programs to host nature-based youth engagement programming at the Burley Farms in

People and Nature SELT hosted 23 field trips and workshops that are free of charge and open to the public, with more than 320 participants. SELT also hosted seven volunteer work days

Epping, as a beginning point for our programs at our future headquarters – the Center for

with local corporations and volunteers. Additional events included our 9th annual Wild & Scenic Film Festival (sold out with 800+ attendees), a revitalized SELT TrailFest at the

Burley Farms

Form 990, Part III, Line 4a LAND CONSERVATION CONTINUED. The Birch Ridge effort capped a

two-year partnership with Moose Mountains Regional Greenways and the Merrymeeting Lake Association SELT expanded multiple existing reservations, adding nearly 17 acres to the

existing Burley Forest, adding 21 acres to Two Rivers Wildlife Preserve along the Lamprey

River, and acquiring 75 acres as part of the Lamprey River Wildlife Preserve, all in Epping

In Barrington, the Belleville family generously donated a conservation easement on 56 acres of wildlife habitat, wetlands, and forest. In Fremont, SELT acquired two new reservations, the

Brown Brook Forest, 344 acres of significant wetlands and habitat for rare turtles, as well as

the 33-acre Mullen Forest SELT also assisted the US Natural Resources Conservation Service in their protection of 50 acres in Newmarket and 31 acres in Epping, both which contained

significant wetlands and wildlife habitat. Three projects advanced our efforts to conserve

lands for Clean Drinking Water These included the purchase of an easement on 59 acres from a

between Annual Meetings, the Board may fill the opening by a majority vote at a duly organized

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

Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization Southeast Land Trust of New Hampshire	Employer identification number 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	
\$162,445, Appraisals \$28,830, Land Management Services \$165,348, Outreach \$20,000,	
Hazardous Waste Assessment \$15,495, Conservation Consulting \$30,069, Mowing \$9,600,	
Archaeological Sensitivity Study \$11,103, Graphic Design \$5,030, Other Services \$46,150	
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