Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\ JUL\ 1$, 2018, and ending $\ JUN\ 30$, 20 19

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service Name of exempt organization ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employ	Employer identification number			
Presumpscot Regional Land Trust	01-	-0426268			
Name and title of officer Rachelle Curran Apse					
Executive Director Part I Type of Return and Return Information (Whole Dollars Only)					
,					
Check the box for the return for which you are using this Form 8879-EO and enter the applicable at on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this f whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- of than one line in Part I.	form was blank, then leav	ve line 1b, 2b, 3b, 4b, or 5b, ow. Do not complete more			
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), I		ь183185.			
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		b			
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		b			
4a Form 990-PF check here b Tax based on investment income (Form 990-PF,	Part VI, line 5) 4	b			
5a Form 8868 check here b Balance Due (Form 8868, line 3c)	5	b			
Part II Declaration and Signature Authorization of Officer					
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for are the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Age debit) entry to the financial institution account indicated in the tax preparation software for payment return, and the financial institution to debit the entry to this account. To revoke a payment, I must of 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize processing of the electronic payment of taxes to receive confidential information necessary to answer payment. I have selected a personal identification number (PIN) as my signature for the organization organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	nt to initiate an electronic at of the organization's fec- contact the U.S. Treasury ze the financial institution wer inquiries and resolve	c funds withdrawal (direct deral taxes owed on this / Financial Agent at ns involved in the issues related to the			
X lauthorize PGM LLC	to onto	my PIN 12345			
ERO firm name	to enter	Enter five numbers, be do not enter all zeros			
as my signature on the organization's tax year 2018 electronically filed return. If I have in is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State proenter my PIN on the return's disclosure consent screen.					
As an officer of the organization, I will enter my PIN as my signature on the organization's indicated within this return that a copy of the return is being filed with a state agency(ies) program, I will enter my PIN on the return's disclosure consent screen.					
Officer's signature	Date \triangleright 10/15/1	.9			
Part III Certification and Authentication					
ERO's EFIN/PIN. Enter your six-digit electronic filing identification					
number (EFIN) followed by your five-digit self-selected PIN.	L94056789 not enter all zeros				
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically fil confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Moder e-file Providers for Business Returns.					
ERO's signature Ph Mater	Date >				
ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Reque					

Form **8879-EO** (2018)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2019 JUL 1, 2018

Inspection

OMB No. 1545-0047

<u>A</u>	For the	e 2018 calendar year, or tax year beginning ਹ	UL 1,	2018 and	ending J	UN 30	<u>, 2019</u>	
В	Check if applicable	C Name of organization				D Emplo	yer identific	cation number
	Addres	Presumpscot Regional La	and Tr	ust				
	Name change Initial	Doing business as						426268
	return	Number and street (or P.O. box if mail is not de	livered to str	eet address)	Room/suite	E Teleph	one number	
	Final return/ termin						(207) 839-4633
	ated	City or town, state or province, country, and	ZIP or forei	gn postal code		G Gross red	ceipts \$	183185.
	Ameno	GOIHAM, ME 04036				7	is a group re	
	Application pending	F Name and address of principal officer: NaC	helle	Curran Aps	se	for s	ubordinates	? Yes X No
_		same as C above				H(b) Are all	subordinates in	cluded? Yes No
		• • • • • • • • • • • • • • • • • • • •	(insert i	no.) 4947(a)(1)	or 527	If "N	o," attach a	list. (see instructions)
		te:▶ www.prlt.org						n number
			ssociation	Other >	L Year	of formation:	: 1986 N	State of legal domicile; ME
	art I	Summary	-11611		nago 14	ith ac	mmun i t	ion to
٩	1	Briefly describe the organization's mission or most conserve, steward, and pro						
2								
1	2	Check this box if the organization disco					1 1	ets. 12
ć	3	Number of voting members of the governing body						12
વ	4	Number of independent voting members of the go						2
٩	5	Total number of individuals employed in calendar y					·····	110
Activities & Governance	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co	lump (C) lir					0.
۵	(' a	Net unrelated business taxable income from Form						0.
_	"	Net differed business taxable income from Form	330-1, III le	36		Prior Y	I	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)					14915.	180252.
	9						0.	0.
9	10	Investment income (Part VIII, column (A), lines 3, 4,					668.	2933.
ă	10						0.00.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				1 '	15583.	183185.
_		Total revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (0.	0.
							0.	0.
	4-	enefits paid to or for members (Part IX, column (A), line 4)					46278.	107353.
Fxnenses	162	Professional fundraising fees (Part IX, column (A), I				0.		0.
٥	h	Total fundraising expenses (Part IX, column (D), line			68.			•
Ž	17	Other expenses (Part IX, column (A), lines 11a-11d				•	23561.	58599.
		Total expenses. Add lines 13-17 (must equal Part II					59839.	165952.
		Revenue less expenses. Subtract line 18 from line					45744.	17233.
	23	Trevende less expenses. Cabildet line to from line	12		Be	ginning of C		End of Year
ets (20	Total assets (Part X, line 16)					04011.	1226454.
Ass	21						2291.	5128.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from				120	01720.	1221326.
P	art II	Signature Block						
Und	der pena	Ities of perjury, I declare that I have examined this return,	including ac	companying schedule	s and stateme	ents, and to t	he best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based o	n all information of wh	nich preparer	has any knov	wledge.	
Sig	jn	Signature of officer				D	ate	
Не	re	Rachelle Curran Apse, 1	Execut	ive Direct	or			
		Type or print name and title						
		Print/Type preparer's name	Preparer's	signature		Date 10/16/19	Check if	PTIN
Pai	d	Peter Montano	Let	Martins			self-employe	
	parer	Firm's name PGM LLC				Fi	rm's EIN 📐	82-4812448
Use	Only	Firm's address > 265 Main Street					. =	
_		Biddeford, ME 04				P	hone no. (2	07) 415-5714
1/10	v tha IE	RS discuss this return with the preparer shown abo	vo2 (coo inc	etructions)				X Ves No

Form	990 (2018) Presumpscot F	Regional Land Ti	rust	01-0426268 F	age 2
Pa	t III Statement of Program Service Acc	complishments			
	Check if Schedule O contains a response or r	note to any line in this Part III		<u></u>	
1	Briefly describe the organization's mission:				
	We engage with communities				<u> </u>
	local lands and clean water	r for current a	ind future gener	ations to	
	enjoy.				
2	Did the organization undertake any significant progr	ram services during the year w	which were not listed on the		
_	, , ,	• •		Yes 🖸	Nο
	If "Yes," describe these new services on Schedule (
3	Did the organization cease conducting, or make sig		nducts, any program services?	Yes 🛚	Nο
	If "Yes," describe these changes on Schedule O.	· ·			
4	Describe the organization's program service accom	plishments for each of its thre	e largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are red	quired to report the amount of	grants and allocations to othe	ers, the total expenses, and	
	revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$13168	including grants of \$) (Reve	nue \$)
	Land and water conservatio		<u>y monitoring, e</u>	education,	
	community engagement, and	public access.			
	-				
4b	(Code:) (Expenses \$	including grants of \$) (Reve	nue \$)
	-				
4c	(Code:) (Expenses \$	including grants of \$) (Reve	nue \$)
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grain) (Revenue \$)	
4e	Total program service expenses	131683.			
				Form 990	(2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7	Х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	- 21	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
		144		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):	000		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-00		x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			₩
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
832004	4 12-31-18	Form	990	(2018)

Form 990 (2018) Presumpscot Regional Land Trust 01-0426268 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			162	NO
Zu	filed for the calendar year ending with or within the year covered by this return	2a 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return	•	2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions				
За		,,	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country:	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			37
_	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Pid the consequence of the consequence of the consequence of the first the consequence of		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c			
14a		130	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
-	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
		·	Farm	990	/2010\

Form 990 (2018) Presumpscot Regional Land Trust 01-0426268 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decision b requests information about policies not required by the internal revenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availat	ole
-	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.	10	٠	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_5	Rachelle Curren Apse - (207) 839-4633			
	PO Box 33, Gorham, ME 04038			

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(do box	not cl , unles	ss per	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Matthew Craig	2.00	.,							0	
Board Member	2 00	Х				_		0.	0.	0.
(2) Richard Curtis	2.00	3,7								_
Board Member	2 00	X				_		0.	0.	0.
(3) Fred Dillon Board Member	2.00	Х						0.	0.	0.
(4) Jesse Ferriera	4.00							0.	0.	<u>_</u>
Treasurer	4.00	Х		Х				0.	0.	0.
(5) Melissa Hamlin	2.00								•	•
Secretary		Х		х				0.	0.	0.
(6) Tammy Heiselmeyer	2.00									
Board Member		Х						0.	0.	0.
(7) Jim Hughes	2.00									
Board Member		Х						0.	0.	0.
(8) Mike Parker	2.00									
Board Member		Х						0.	0.	0.
(9) Priscilla Payne	4.00									
Co- President		Х		Х				0.	0.	0.
(10) Tamara Lee Pinard	4.00									
Co- President		Х		Х				0.	0.	0.
(11) Tom Pitman	2.00								_	_
Board Member		Х						0.	0.	0.
(12) Matt Streeter	2.00									
Vice President	20.00	Х		Х		_		0.	0.	0.
(13) Rachelle Curran Apse	32.00							40004		
Executive Director				X		_		48204.	0.	0.
		ł								
						\vdash				
		1								
		-	_						ı	Form 990 (2018)

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Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		`								
(A)	(B) Average		Desition								(C)			(E)			(F)
Name and title	hours per		not c	heck r	more	than d s both		Reportable compensation	Reportable compensatio	- 1		mated ount of					
	week					r/trust		from	from related	- 1		ther					
	(list any	ector						the	organization			ensation					
	hours for related	or dir	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)		n the					
	organizations	truste	al trusi		ee/	mpen		(88-2/1099-181130)			_	nization related					
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer					izations					
	line)	Indiv	Insti	Officer	Key (High emp	Former										
										-							
								40004		$\overline{}$							
1b Sub-total							>	48204.		0.		0.					
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								48204.		0.		0.					
Total number of individuals (including but no							o re		000 of reportable								
compensation from the organization						,		,				0					
· · · · · · · · · · · · · · · · · · ·)	'es No					
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on								
line 1a? If "Yes," complete Schedule J for so											3	X					
4 For any individual listed on line 1a, is the su	· ·							•	-			v					
and related organizations greater than \$150Did any person listed on line 1a receive or a	,		•								4	X					
rendered to the organization? If "Yes," com											5	х					
Section B. Independent Contractors	Diete Schedule	<i>- 0 1</i> 0	JI SU	<u>ICIT Ļ</u>	<i>J</i> C/3	<u> </u>											
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensa	tion fron	 າ					
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	r wi	hin	the organization's tax y	ear.								
(A)	addraga	376						(B) Description of s	om do o o	C	(C) compens	ation					
Name and business	address	MC	ONE	5			-	Description of s	ervices		ompens						
							\dashv										
2 Total number of independent contractors (in	ncludina but na	ot lin	niter	d to t	thos	e lis	l ted	above) who received mo	ore than								
\$100,000 of compensation from the organiz	•				0												

Presumpscot Regional Land Trust 01-0426268 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 28100. e Government grants (contributions) **f** All other contributions, gifts, grants, and 152152 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 180252. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1764. 1764 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1169. assets other than inventory b Less: cost or other basis 0. and sales expenses 1169. c Gain or (loss) 1169. 1169. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ______ **b c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 183185. 1169. 1764. Total revenue. See instructions

832009 12-31-18

Form **990** (2018)

b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See

Part IV, line 19a **b** Less: direct expenses

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

	Check if Schedule O contains a respons	(A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48204.	26581.	12013.	9610
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48713.	48713.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10436.	7827.	2609.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	11345.	11345.		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	10056.	5500.	4556.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	1290.	839.	65.	386.
15	Royalties				
16	Occupancy	2067.	1550.	310.	207.
17	Travel	957.	622.	144.	191.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1560.	1014.	234.	312.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		.=		
23	Insurance	4507.	4507.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) Supplies	13441.	13058.	383.	
	Licenses and fees	6336.	4752.	634.	950.
b	Miscellaneous program e	3461.	3461.	034.	350.
C	Postage and mailing	2568.	1156.		1412.
d		1011.	758.	253.	1412.
	All other expenses Add lines 1 through 24s	165952.	131683.	21201.	13068.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	103334.	T2T002•	21201.	T2000 •
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 if following SOP 98-2 (ASC 958-720)				
	II IOIIOWITIY 30F 30-2 (M3C 330-720)				Form 990 (201)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			169159.	1	166167
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c	c)(9) voluntary			
ω		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				889.	9	1859
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	865968.			
	b	Less: accumulated depreciation			864568.	10c	865968
	11	Investments - publicly traded securities			114125.	11	118651
	12	Investments - other securities. See Part IV, line 1			55270.	12	73809
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1204011.	16	1226454
	17	Accounts payable and accrued expenses			2291.	17	5128
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers,				
Ë		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		Г	2291.	26	5128
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
s		complete lines 27 through 29, and lines 33 an					
ဥ	27	Unrestricted net assets			1017356.	27	1056421
aga	28	Temporarily restricted net assets			184364.	28	164905
B	29	Permanently restricted net assets		29			
Ĕ		Organizations that do not follow SFAS 117 (A					
드		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1201720.	33	1221326
	34	Total liabilities and net assets/fund balances			1204011.	34	1226454

Pa	rt 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		831				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	659	52.			
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		53	02.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		-29	29.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	12	213	26.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	•			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:	,						
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.						
_	review, or compilation of its financial statements and selection of an independent accountant?		2c		x			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	J. 3 / 10.011	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	<u>Ju</u>					
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h					

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

(1 01111 000 01 000 22

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 01-0426268 Presumpscot Regional Land Trust Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(4) 2311	(2) 2010	(0) 2010	(4) 2317	(0) 2010	(i) rotar
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	J	, ,	, ,	•	(/ (/	. \square
800	organization, check this box and stop ction C. Computation of Publi						>
				-1 (6)		T 44 T	
	Public support percentage for 2018 (li		•	* * * *		14	<u>%</u>
	Public support percentage from 2017 33 1/3% support test - 2018. If the control of the control o					15	% x and
10a	stop here. The organization qualifies						. .
h	33 1/3% support test - 2017. If the co		-			or more check th	
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				· ·	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						>
18	Private foundation. If the organizatio		-	•			s
						edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,, ,	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	64751.	139816.	202902.	275733.	180252.	863454.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	64751.	139816.	202902.	275733.	180252.	863454.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
k	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
(Add lines 7a and 7b						0.	
8 Se	Public support. (Subtract line 7c from line 6.)						863454.	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	(f) Total	
	Amounts from line 6	(a) 2014 64751.	(b) 2015 139816.	(c) 2016 202902.	(d) 2017 275733.	(e) 2018 180252.	(f) Total 863454.	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12081.	3083.	1381.	668.	1002324	17213.	
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	12081.	3083.	1381.	668.		17213.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	76832.	142899.	204283.	276401.	180252.	880667.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a section	501(c)(3) organiza	tion,	
0 -	check this box and stop here						>	
	ction C. Computation of Public					1	00 05	
	Public support percentage for 2018 (lin	, (,,	,	(//		15	98.05 %	
	Public support percentage from 2017					16	94.10 %	
	ction D. Computation of Inves			10 10 column (6)		47	1.95 %	
	Investment income percentage for 20					17		
	8 Investment income percentage from 2017 Schedule A, Part III, line 17							
198	more than 33 1/3%, check this box an						▶ 🔽	
k	33 1/3% support tests - 2017. If the							
	line 18 is not more than 33 1/3%, chec							
20	Private foundation If the organization						ightharpoonup	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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
1		
_		
2		
3a		
3b		
0.5		
3с		
30		
4-		
4a		
4b		
4c		
5a		
5b		
5с		
6		
_		
7		
8		
9a		
Ju		
٥h		
9b		
0-		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
			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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions)) <u>-</u>		
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 inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		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 Part VI identify			
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
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			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Ol-		
•	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If Teo. Describe it i will interest the role biaved by the organization in this redain			4

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

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amoui				
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amoui	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive)	
	(provid	de details in Part VI). See instructions.			
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
<u></u>	Liiio o	amount awasa sy iino o amount	(i)	(ii)	(iii)
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
a	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carryo	over from 2013 not applied (see instructions)			
ī		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:				
a		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		o from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2019. Add lines 3j			
•	and 4	-			
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017 s from 2018			
-		3 HVIII (V I I I			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

Presumpscot Regional Land Trust

01-0426268

Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	-	covered by the General Rule or a Special Rule . (2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

Presumpscot Regional Land Trust

01-0426268

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Westbrook 2 York Street Westbrook, ME 04092	\$16000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Davis Conservation Foundation 30 Forest Falls Drive, Suite 5 Yarmouth, ME 04096	\$5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Casco Bay Estuary Partnership 228 Wishcamper Center Portland, ME 04104	\$ <u>12100.</u>	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No4_	Mike Parker 38 Maynard Road Windham, ME 04062	\$ 6000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Cornelia Warren Community Association 150 Brook Rd Falmouth, ME 04105	\$ <u>48000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Presumpscot Regional Land Trust

01-0426268

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08-	40.	Sahadula B (Farm	990, 990-EZ, or 990-PF) (2018

Name of organization **Employer identification number** 01-0426268 Presumpscot Regional Land Trust Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

D	Presumpscot Regiona		A	01-0426268
Par			r Accoun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	_		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring	
_	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	rically import	ant land area
	X Protection of natural habitat	Preservation of a certif	ied historic s	tructure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservat	ion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	25
b	Total acreage restricted by conservation easements		2b	1191.00
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization o	during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ease	ments during the year
	▶ <u>200</u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easement	s during the year
	▶ \$3000.			
8	Does each conservation easement reported on line 2(d) above	, ,	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, an	d balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	e organizatio	on's accounting for
Da	conservation easements.	: Aut Historical Traceruses or Oth	au Cinailau	. A t -
Par	t III Organizations Maintaining Collections of	·	er Similai	Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	•		•
	historical treasures, or other similar assets held for public exh		ce of public s	ervice, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance s	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, pr	ovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			S
				S
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financial 🤉	gain, provide	
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·		
	Revenue included on Form 990, Part VIII, line 1			S
<u>b</u>	Assets included in Form 990, Part X		> 9	8
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2018

Par	t III	Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	Simila	r Assets	(contir	าued)	
3	Using t	he organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a sigr	nificant u	se of its c	ollection	items	3
	(check	all that apply):									
а	F	Public exhibition	d	Loan or excl	hange prograi	ms					
b		Scholarly research	е	Other							
С	F	Preservation for future generations									
4	Provide	e a description of the organization's co	ollections and explain	n how they further th	e organizatior	n's exem _l	pt purpo	se in Part	XIII.		
5	During	the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other	similar a	assets				
		old to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "\	Yes" on F	orm 990	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the c	organization an agent, trustee, custodi	an or other intermed	iary for contributions	or other asse	ets not in	cluded		_		_
	on Forr	n 990, Part X?						L	Yes	L	No
b	If "Yes,	" explain the arrangement in Part XIII	and complete the fol	lowing table:							
									Amoun	t	
С	Beginn	ing balance					1c				
d	Additio	ns during the year					1d				
е	Distribu	utions during the year					1e				
f		balance					1f		_		
2a	Did the	organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial accou	nt liability	y?	L	Yes	L	_ No
		explain the arrangement in Part XIII.									
Par	τν	Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo							
			(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four		
1a		ing of year balance	169396.	166676.		7238.		119408.		122	2000.
b	Contrib	outions	15000.	98.		1394.					
С	Net inv	estment earnings, gains, and losses	10529.	3870.	2	0042.		8863.			1563.
d	Grants	or scholarships									
е	Other e	expenditures for facilities									
		ograms									
f	Admini	strative expenses	2465.	1248.		1998.		1033.			1029.
g		year balance	192460.	169396.		6676.		127238.			9408.
2		e the estimated percentage of the curr) held as:						
а		designated or quasi-endowment		_%							
b		nent endowment	%								
С		rarily restricted endowment 6									
		rcentages on lines 2a, 2b, and 2c shor									
3a	Are the	ere endowment funds not in the posse	ssion of the organiza	ition that are held an	id administere	ed for the	organiza	ation	ſ		Г
	by:								- m	Yes	No
		related organizations							3a(i)	Х	- v
			At a section of the s						3a(ii)	$\overline{}$	X
		on line 3a(ii), are the related organiza							3b		
4 Par		be in Part XIII the intended uses of the Land, Buildings, and Equipm		wment tunds.							
ı uı				Dart IV line 11a S	00 Form 000	Dart V li	no 10				
		Complete if the organization answered						- I	/d\ Doo	le velu	
		Description of property	(a) Cost or o basis (investn	, , , , , ,	or other		cumulate reciation	ea	(d) Boo	k valu	е
1-	Lond		,		65968.	асрі	· Solution		Ω	659	68
			II		00000				0	الو د د	
		gs									
		old improvements	II								
	-	nent									
		nes 1a through 1e. (Column (d) must e		V action (D) 15- 41	<u> </u>				R	659	68.
เบเส	. Aud III	ies ra uniough re. (Column (d) must e	<u>uuai Form 990, Part .</u>	∧, column (B), line 10	<i>.</i>					<u> </u>	55.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2016 I T E S d III P S C O C	Regional Dano	LILUSC	OI OIZOZOO Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value		2. st or end-of-year market value
	(b) Book value	(c) Method of Valuation. Cos	st or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) Stewardship Fund	73809.	End-of-Year Mar	rket Value
(B)	73003.	Hid of fedi Hai	TREE VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	73809.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 1	5
	Description	14. 000 1 0111 000, 1 411 X, 1110 1X	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes" of			line 25.
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8) (Q)			

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

Schedule D (Form 990) 2018

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

The written policy regarding the periodic monitoring, inspections, violations and enforcement of conservation easements is as documented in the PRLT Easement Enforcement Policy, with sub sections for Preventing Violations, Monitoring, Violation Evaluation, Documentation of Violation, Notice to Landowner, Violation Resolution, Decision Making, and Funds for Easement Enforcement. There is a separate Easement Monitoring Policy to specify the Organization's minimal annual monitoring requirements.

Part II, line 9:

Costs associated with obtaining conservation easements are expensed as

incurred. 832054 10-29-18

Schedule D (Form 990) 2018

Schedie Difform 990) 2018 Presumpscot Regional Land Trust 01-0426268 Page S Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2018	Presumpscot	Regional	Land	Trust	01-0426268	Page 5
	Part XIII Supplemental Inform	mation _(continued)					
		, ,					
	-						
	_						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Presumpscot Regional Land Trust

Employer identification number 01-0426268

Form 990, Part I, Line 1, Description of Organization Mission: for current and future generations to enjoy. Form 990, Part VI, Section A, line 6: Presumpscot Regional Land Trust is an organization of members. Form 990, Part VI, Section A, line 7a: The members of the organization have the right to elect members of the governing body. Form 990, Part VI, Section A, line 7b: The members of the organization have the right to approve certain significant decisions of the governing body. Form 990, Part VI, Section B, line 11b: Each board member will receive this document for review prior to and during the board meeting preceding the filing. Form 990, Part VI, Section B, Line 12c: New board members, and annually all board members, are provided and are required to return signed a form detailing any potential conflicts, or the lack of any thereof, and return the signed form to the organization. The organization requests that they be notified by board members of any potential conflicts during their term.

Form 990, Part VI, Section B, Line 15:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization Presumpscot Regional Land Trust	Employer identification number 01-0426268
Determined annually by board based upon recommendation by	executive
committee subsequent to performance review by executive co	ommittee.
Form 990, Part VI, Section C, Line 19:	
Copies of these documents are available upon request.	
Part XI, Page 12, Line 8	
Prior period adjustment for paid time off not recorded in	prior year.