

EXTENDED TO MAY 15, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Header section containing organization name (SOUTHEAST NH HABITAT FOR HUMANITY), address (PO BOX 4428, PORTSMOUTH, NH 03802), and identification number (02-0475356).

Section H: Enter the number of the organization's unrelated trades or businesses. SEE STATEMENT 1.

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes/No.

Section J: The books are in care of MARCIE BERGAN. Telephone number 603-433-9555.

Table with 5 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts, Cost of goods sold, Capital gain, etc. Total income is 4,800.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 5 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Compensation of officers, Charitable contributions, etc. Total deductions is 0.

SCANNED JUN 03 2020

4

28

30

31

30 NE

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38 with handwritten annotations '280' and '299'.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44 with handwritten annotations '40' and '45'.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-55 with handwritten annotations '49' and '53'.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, Yes/No columns. Includes questions 56, 57, and 58.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Handwritten Signature], Date: 12/19/19, Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed if PTIN. Includes firm name LEONE, MCDONNELL & ROBERTS, P.A.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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QUALIFIED TRANSPORTATION FRINGE BENEFIT

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGE BENEFITS	4,800.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	4,800.