Form <b>990-T</b>		E		OMB No 1545-0047					
,	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020							<u>0</u>	2019
	ment of the Treasury	grenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
¥ [	Check box if address changed		Name of organization ( Check box if name	ne chai	nged	and see instructions.)			er identification number ees' trust, see ons)
B Ex	Exempt under section   Print   SOUTHEAST NH HABITAT FOR HUMANITY							02	-0475356
X	] 501( <b>c<u>0</u>)3</b> _ )	or Type	Type Wulliber, Street, and room of Suite no. If a P.O. box, see instructions.						id business activity code tructions )
,	408(e) 220(e)	1,750	PO BOX 4428			<del></del>			
	408A530(a) 529(a)							5320	00
S C Boo	ok value of all assets and of year	rear T Group exemption number (eee mail deticins.)							
•		1,518,262. G Check organization type 🕨 🗶 501(c) corporation 🔲 501(c) trust 🔲 401(a) trust							Other trust
P 1		er the number of the organization's unrelated trades or businesses.   1 Describe the only (or first) unrelated trades or businesses.							,
trai	de or business here		nee at the and of the province contains a complet	n Dorte			complete Parts I-V.		
hues	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.								
Du Du			poration a subsidiary in an affiliated group or a p	parent-	subsi	diary controlled group?	▶ [	Yes	X No
ולטי.	• •		itifying number of the parent corporation.						
			MARCIE BERGAN				ne number 🕨 6	03-4	33~9555
Pa	Unrelate	d Tra	de or Business Income			(A) Income	(B) Expense:	3	(C) Net
	Gross receipts or sale						1		
_	Less returns and allo		c Balance	▶  -	1c				
2	Cost of goods sold (S			-	3		<del></del>		
3	=	Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Schedule D)					· · ·	+	
4a b	· ·	•	Part II, line 17) (attach Form 4797)	H	4a 4b		<del></del>	$\dashv$	
	Capital loss deductio			┟	4c				
5	•		rship or an S corporation (attach statement)	F	5				
6	Rent income (Schedi		,		6_	_			
7	Unrelated debt-financed income (Schedule E)				7_				
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)								
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								
10	Exploited exempt activity income (Schedule I)								
11	Advertising income (Schedule J)								
12 13	Other income (See instructions; attach schedule)  Total. Combine lines 3 through 12  13  0 •								
	rt / Deduction	ons N	ot Taken Elsewhere (See instruction be directly connected with the unrelated by	no for	Ingrt				
	(Deduction	s must	be directly connected with the unrelated	usine	ss in		<u> </u>		
14	Compensation of o	fficers, d	directors, and trustees (Schedule K)	آھ		Ü	3	14	
15	Salaries and wages			A008	N	OV 1 8 2020		15	
16	Repairs and mainte	nance		141		<u></u> g	<u> </u>	16	
17	Bad debts			_	$\overline{C}$	GDEN, UT_		17	
18	Interest (attach sch Taxes and licenses	, ,	see instructions)	<u>-</u>	. —			18	
19 20	Depreciation (attac		4562)			20		19	
21	,		on Schedule A and elsewhere on return			21a		21b	
22	Depletion					(2,4)		22	
23	Contributions to de	eferred c	compensation plans					23	
24	Employee benefit p	rograms	s					24	
25	Excess exempt exp		•					25	
26	Excess readership							26	
27	Other deductions (							27	<del></del>
28	Total deductions.			.bec	م مدا	10 from line 40		28	0.
29 30	<ul> <li>29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13</li> <li>29</li> <li>30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018</li> </ul>								
JU	(see instructions)	יאפיימנווון	g 1000 arising in tax years beginning on or diter t	variudi	y 1, 2	010		30	0.
31	•	s taxable	e income. Subtract line 30 from line 29					31	0.
			erwork Reduction Act Notice, see instructions.						Form 990-T (2019)

	T(2019) SOUTHEAST NH HABITAT FOR HUMANITY	02	2-04/5356 Page 2
Part	<del></del>		1
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
	Amounts paid for disallowed fringes	33	
	Charitable contributions (see instructions for limitation rules)	34	0.
35	Fotal unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	<u> </u>
, 36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	<u> </u>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Part	IY Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	<del>                                     </del>
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part		<u>, ,,,</u>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a	Τ	T
	Other credits (see instructions)  46b	1	1
r	General business credit. Attach Form 3800 46c	1	1
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	7	
	Total credits. Add lines 46a through 46d	466	₫
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	<del></del>
49	Total tax. Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
		1 30	<del> </del>
		┪	
	( * <del>  -   -   -   -   -   -   -   -   -   </del>	4	1
	Tax deposited with Form 8868 51c 51c	┥	ļ
	Foreign organizations: Tax paid or withheld at source (see instructions)  51d	$\dashv$	
	Backup withholding (see instructions)  51e	┨	
	Credit for small employer health insurance premiums (attach Form 8941)  51f	-	
g	Other credits, adjustments, and payments: Form 2439		1
	Form 4136 Other Total ▶ 51g	+	600.
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If the 32 is larger than the total of the 49, 30, and 33, enter amount overpaid	55	
56 Par	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded \  \rightarrow Refunded	56	600.
<u> </u>			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		<del>                                     </del>
	here >		X X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	viedge a	nd belief, it is true,
Here	$\sim 10^{-1}$	May the	e IRS discuss this return with
Here	MANCOTTVE BIRECTOR		parer shown below (see
	Signature of officer Date Title	_	tions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN
Pai		ed	
	parer SHAUNA BROWN, CPA DAMA POLICE P		P01390350
	Only Firm's name > LEONE, MCDONNELL & ROBERTS, P.A. Firm's EIN	<u> </u>	02-0417217
. = .	5 NELSON STREET		_ <del></del>
	Firm's address ► DOVER, NH 03820 Phone no.	(60	3) 749-2700
923711	01-27-20		Form 990-T (2019)