25- 7/29/26

The State of New Hampshire
Department of Transportation

David Rodrigue, P.E.
Commissioner

Susan M. Klasen, P.E.
Assistant Commissioner

Michelle L. Winters
Deputy Commissioner

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, NH 03301

Bureau of Rail & Transit
July 8, 2026

Requested Action

Authorize the New Hampshire Department of Transportation to enter into an agreement with New Hampshire Seacoast Greenway Alliance, North Hampton NH, for Mile Marker Sponsorship Revenue Collection and Allocation Agreement, for the Hampton Branch Rail Trail, effective upon Governor and Council approval and in effect until terminated by the Department.

Explanation

The Department has approved the New Hampshire Seacoast Greenway Alliance (NHSGA) to act as its designee with respect to the collection and apportioning of revenue generated through sponsorship of mile marker signage along the Hampton Branch Rail Trail; such revenue generation was included in the Department's rail trail agreements with each of the five communities (Portsmouth, Greenland, Rye, North Hampton, and Hampton) through which the recently completed Hampton-Portsmouth 26485 Congestion Mitigation and Air Quality (CMAQ) trail has been constructed. The Department amended its rail trail agreement with all five municipalities, as they collectively supported NHSGA's designee status for mile-marker revenue generation, to effectuate this approach. In addition, the NHSGA will work with each participating municipality to perform, or cause to be performed, rail trail maintenance activities with the collected revenue. This Mile Marker Sponsorship Revenue Collection and Allocation Agreement will also allow other municipalities on the Hampton Branch Railroad Corridor (Hampton Falls and Seabrook) to become participating municipalities, if they so choose, when their rail trail segments are constructed. Full participation will permit the Hampton Branch Rail Trail host communities and the NHSGA to work together on mile marker revenue generation and maintenance.

NHSGA is a private nonprofit group of volunteers established in 2007 and incorporated as a 501(c)3 in 2022. NHSGA is nationally connected, but locally rooted and has built trusted partnerships, including with state agencies, municipalities, regional planning commissions, and active transportation users, and has been a partner and advocate throughout the planning, design, and construction of the Hampton Branch Rail Trail, which is part of the East Coast Greenway that will link 15 states from Florida to Maine.

The Department has determined that NHSGA is in good standing with the Secretary of State's Office and has provided evidence of authority to execute and be bound by the Agreement.

The Department respectfully requests approval of this Agreement to support the maintenance of the Hampton Branch Rail Trail through NHSGA's management of the mile marker revenue.

This Agreement has been approved by the Attorney General as to form and execution. The NHDOT has verified that the necessary funds are available. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services Office, and subsequent to Governor and Council approval will be on file at NHDOT.

Your approval of this resolution is respectfully requested.

Respectfully,

David Rodrigue, P.E
Commissioner

Attachments

Mile Marker Sponsorship Revenue Collection and Allocation Agreement

This Mile Marker Sponsorship Revenue Collection and Allocation Agreement (this "Agreement") is made effective as of this 10th day of June, 2026, by and among the State of New Hampshire (the "State"), by and through the New Hampshire Department of Transportation (the "Department") Bureau of Rail and Transit ("Bureau"), and the New Hampshire Seacoast Greenway Alliance, a New Hampshire nonprofit corporation (the "Alliance").

WHEREAS, the State, by and through the Department Bureau, and each participating municipality ("Permittee") has entered into a separate agreement (each, a "Rail Trail Agreement") with respect to the development, management, and maintenance of the public rail-trail (the "Rail Trail") constructed by the Department in the Hampton Branch Railroad Corridor right-of-way pursuant to the Federal Congestion Mitigation Air Quality Program (CMAQ) grant project (Hampton-Portsmouth 26485); and

WHEREAS, the Alliance wishes to collect and apportion, as designee of the Department and in accordance with each Rail Trail Agreement, revenue generated through sponsorship of mile marker signage along the Rail Trail in accordance with each Rail Trail Agreement (the "Mile Marker Sponsorship Revenue");

WHEREAS, the Department and the Permittees wish to identify the appropriate method for apportioning Mile Marker Sponsorship Revenue to the Permittees; and

WHEREAS, the Department and the Permittees have determined that the Alliance, pursuant to the terms and conditions set forth herein, is an appropriate party to coordinate the apportionment and distribution of Mile Marker Sponsorship Revenue.

NOW, THEREFORE, in consideration of the premises and mutual interests to be served hereby and the mutual covenants and promises contained herein, the parties hereto, intending to be legally bound, agree as follows:

1. MILE MARKER SPONSORSHIP REVENUE

1.1. The Alliance, as designee of the Department, shall be paid all Mile Marker Sponsorship Revenue and shall apportion the Mile Marker Sponsorship Revenue that the Alliance is paid or otherwise receives among the Permittees in accordance with each Rail Trail Agreement and this Agreement.

1.2. The Alliance shall deposit into a separate bank account maintained by the Alliance for such purpose all Mile Marker Sponsorship Revenue paid to or otherwise received by the Alliance.

1.3. When and if costs and expenses are paid by the Alliance to perform or cause to be performed for the Permittees maintenance, upkeep, etc. of the Rail Trail which is the responsibility of each Permittee under its Rail Trail Agreement, the Alliance shall submit to the Department on or before July 31st of each calendar year:

1.3.1 A written statement signed by the Alliance and each of the Permittees certifying that (i) the Alliance has performed or caused to be performed for each Permittee, from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year, all maintenance, upkeep, etc. of the Rail Trail for which each Permittee was responsible during such period under the Permittee's Rail Trail Agreement, and (ii) the Permittees request that, to appropriately apportion to each Permittee, in accordance with each Permittee's Rail Trail Agreement, the Mile Marker Sponsorship Revenue that the Alliance was paid or otherwise received during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year, the Alliance retain all such Mile Marker Sponsorship Revenue; and

1.3.2 A report with supporting documentation in the form of bank account statement(s), showing (i) all costs and expenses paid by the Alliance during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year in performing or causing to be performed, during such period, maintenance, upkeep, etc. of the Rail Trail, and (ii) all Mile Marker Sponsorship Revenue paid to or otherwise received by the Alliance during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year. The Alliance shall retain each such report and the supporting documentation for not less than seven (7) years following the date the Alliance submits such report and the supporting documentation to the Department.

1.4. When and if costs and expenses are not paid by the Alliance to perform or cause to be performed for the Permittees all maintenance, upkeep, etc. of the Rail Trail which is the responsibility of each Permittee under its Rail Trail Agreement, the Alliance shall:

1.4.1 Obtain from each Permittee on July 1st of each calendar year, a report with supporting documentation of all costs and expenses paid by such Permittee during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year in performing or causing to be performed maintenance, upkeep, etc. of the Rail Trail in accordance with the Rail Trail Agreement of such Permittee (the "Permittee's Rail Trail Costs and Expenses");

1.4.2 Allocate and pay to each Permittee not later than July 31st of each calendar year, each Permittee's appropriate apportionment ("Apportionment") of all Mile Marker Sponsorship Revenue the Alliance was paid or otherwise received during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year. Each Permittee's Apportionment of such Mile Marker Sponsorship Revenue shall be the lesser of (i) a percentage of such Mile Marker Sponsorship Revenue, which percentage shall be determined by dividing the number of miles of the Rail Trail located within such Permittee by the total number of miles of the Rail Trail in its entirety (the "Permittee's Mile Marker Sponsorship Revenue Share"), and (ii) the total of such Permittee's Rail Trail Costs and Expenses, as reported to the Alliance with supporting documentation (the "Permittee's Reported and Documented Rail Costs and

Expenses"); provided, however, that in the event the Permittee's Reported and Documented Rail Trail Costs and Expenses are greater than the Permittee's Mile Marker Sponsorship Revenue Share, the Permittee's Apportionment also shall include (up to the amount by which the Permittee's Reported and Documented Rail Trail Costs and Expenses exceed the Permittee's Mile Marker Sponsorship Revenue Share) a percentage of the total of all amounts of each Permittee's Reported and Documented Rail Trail Costs and Expenses in excess of each such Permittee's Mile Marker Sponsorship Revenue Share, ~~which percentage shall be determined by dividing the Permittee's~~, which percentage shall be determined by dividing the amount of the Permittee's Reported and Documented Rail Trail Costs and Expenses in excess of the Permittee's Mile Marker Sponsorship Revenue Share by the total of all amounts of each Permittee's Reported and Documented Rail Trail Costs and Expenses in excess of each such Permittee's Mile Marker Sponsorship Revenue Share. The Alliance shall report to the Department the amount, if any, by which Mile Marker Sponsorship Revenue the Alliance was paid or otherwise received is greater than all Apportionments; and

7/6/20 DMR

1.4.3 Submit to the Department on or before July 31st of each calendar year, a report with supporting documentation in the form of bank account statement(s), showing (i) all costs and expenses paid by each of the Permittees during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year in performing or causing to be performed, during such period, maintenance, upkeep, etc. of the Rail Trail, (ii) all Mile Marker Sponsorship Revenue paid to or otherwise received by the Alliance during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year, and (iii) each Apportionment the Alliance has paid to each Permittee of Mile Marker Sponsorship Revenue paid to or otherwise received by the Alliance during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year. The Alliance shall retain each report and the supporting documentation for not less than seven (7) years following the date the Alliance submits such report and the supporting documentation to the Department

2. AUDIT RIGHT; EVENT OF DEFAULT/REMEDIES

2.1. The Department may, in its sole discretion, audit the Alliance at any time regarding Mile Marker Sponsorship Revenue paid to or otherwise received by the Alliance during the period from July 1st of the immediately preceding calendar year through June 30th of the then current calendar year, and the Alliance's allocation and payment to any or all of the Permittees of such Mile Marker Sponsorship Revenue.

2.2. Any one or more of the following acts or omissions of the Alliance shall constitute an event of default ("Event of Default"):

2.2.1 failure to receive payments of Mile Marker Sponsorship Revenue and/or to apportion the Mile Marker Sponsorship Revenue that the Alliance is paid or otherwise receives among the Permittees satisfactorily to the Department or

on schedule in accordance with this Agreement; and/or

2.2.2 failure to submit to the Department any report and/or documentation satisfactorily and on schedule in accordance with this Agreement.

2.3. Upon the occurrence of any Event of Default, the Department will take any one or more of the following actions:

2.3.1 give the Alliance a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of greater or lesser specification of time, thirty (30) calendar days from the date of the notice, and if the Event of Default is not timely cured, terminate this Agreement and the appointment of the Alliance as designee of the Department, effective two (2) calendar days after giving the Alliance notice of termination; and/or

2.3.2 give the Alliance a written notice specifying the Event of Default, treat this Agreement and the appointment of the Alliance as designee of the Department as breached, terminate this Agreement and the appointment of the Alliance as designee of the Department and pursue any of the Department's remedies at or in equity, or both.

3. Term of Agreement

3.1. This Agreement shall be effective as of the date first set forth above and shall continue in full force and effect unless terminated by the Department with written notice to the Alliance.

4. INDEMNIFICATION

4.1. The Alliance shall indemnify, defend, and hold harmless the State, its officers, and employees, from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from claims asserted against the State, its officers, or employees caused by any fraud by the Alliance. Notwithstanding the foregoing, nothing contained in this Agreement shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. The covenant in this Section 4.1 shall survive the termination of this Agreement.

5. ACKNOWLEDGMENT AND CONSENT OF PERMITTEES

5.1. The Agreement with the Alliance is conditioned on participation with the Permittees who, at the time of the execution of this Agreement, are comprised of the Towns of Greenland, Hampton, North Hampton, and Portsmouth. This Agreement is executed in reliance upon these Permittees' representations that they will participate in the Alliance pursuant to this Agreement. The Permittee's consent to participation in the Alliance will be confirmed via amendment to the Rail Trail Agreement of each Permittee.

5.2. Municipalities who become parties to a Rail Trail Agreement after the execution of this Agreement may be provided the ability to become a Permittee subject to the this Agreement. Consent to participation in the Alliance shall be a condition of becoming a Permittee. The prospective Permittee's consent to participation in the Alliance will be confirmed within the prospective Permittee's Rail Trail Agreement.

6. NOTICE

6.1. Any notice by a party to this Agreement to any other party to this Agreement shall be deemed to have been duly delivered or given at the time of mailing, postage prepaid, in a United States Post Office, to the party to whom such notice is directed, with all other parties copied, at the addresses of the parties set forth in the table below:

State of New Hampshire, by and through the New Hampshire Department of Transportation Bureau of Rail and Transit	New Hampshire Department of Transportation 7 Hazen Drive Concord, NH 03301
New Hampshire Seacoast Greenway Alliance	New Hampshire Seacoast Greenway Alliance 345 Heritage Ave #1020 Portsmouth, NH 03801

7. ASSIGNMENT

7.1. The Alliance may not assign, subcontract, or delegate any of its obligations or rights under this Agreement without the express written consent of the Department.

8. AMENDMENT

8.1. This Agreement may be amended, waived, or discharged only by an instrument in writing signed by the parties to this Agreement, and only after approval of such amendment by the Governor and Executive Council of the State of New Hampshire, unless no such approval is required under the circumstances pursuant to State law, rule or policy.

9. CHOICE OF LAW AND FORUM

9.1. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

9.2. Any actions arising out of this Agreement, including the breach or alleged breach of this Agreement, may not be submitted to binding arbitration, but must, instead, be brought

and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

10. SEVERABILITY

10.1 In the event any of the provisions of this Agreement is held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

11. ENTIRE AGREEMENT

11.1 This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding among the parties and supersedes any and all prior agreements among the parties, with respect to the subject matter of this Agreement.

<REMAINDER OF PAGE INTENTIONALLY LEFT BLANK>

<SIGNATURE PAGES FOLLOW

IN WITNESS WHEREOF, the parties to this Agreement have executed this Agreement as of the date first written below.

Witness

NEW HAMPSHIRE SEACOAST GREENWAY ALLIANCE
By:
Name: DAVID S. ALLEN
Title: PRESIDENT
Date: 6/12/26

Witness

STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
BUREAU OF RAIL AND TRANSIT

By:
Name: DAVID RODRIGUE, P.E.
Title: COMMISSIONER
Date: 6/15/2026

This Mile Marker Sponsorship Revenue Collection And Allocation Agreement has been reviewed by this Office and has been approved as to form and execution on July 7, 2026.

OFFICE OF THE ATTORNEY GENERAL
By: _____ Date: 7/1/26
Assistant Attorney General

Governor and Executive Council
By: _____ Date: _____

New Hampshire Seacoast Greenway Alliance

Exhibit A

Special Provisions

A.1 Amend Agreement by adding Section 12. **"Insurance"** by adding the following:

12.1 The Alliance is not required to provide proof of insurance for this agreement.

7/6/24

DMR

State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NEW HAMPSHIRE SEACOAST GREENWAY ALLIANCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 20, 2022. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **891132**
Certificate Number: **0007943483**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of June A.D. 2026.

David M. Scanlan
Secretary of State

New Hampshire Seacoast Greenway Alliance
P.O. Box 1020
Portsmouth, NH 03802

Corporate Resolution

I, A. CLARK JAMES hereby certify that I am a duly elected Officer of the
Name

New Hampshire Seacoast Greenway Alliance. I hearby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on **June 5, 2026**, at which a quorum of the Directors were present and voting.

VOTED: That DAVID ALLEN, PRESIDENT is duly authorized to
Name and Title
enter into contracts or agreements on behalf of the **New Hampshire Seacoast Greenway Alliance** with the **State of New Hampshire** and any of its agencies or departments, and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 06/05/26

ATTEST: SECRETARY
Name and Title

NONPROFIT COVER SHEET

A. Entity Name: New Hampshire Seacoast Greenway Alliance

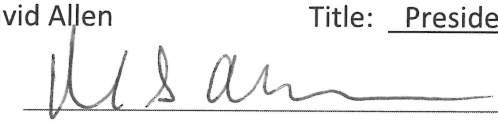
B. Entity's Contact Information:

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: David Allen, President, 603-812-1812

Person responsible for Accuracy and Completeness of information provided:

Name: David Allen Title: President

Signature: 

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
David Allen, President	
Larry Day, Vice President	
Sarah Baybutt, Treasurer	
Clark James, Secretary	
Paula Rais	
James Sununu	
Scott Bogle	Rockingham Planning Commission
Jeff Latimer	
Neal Ouelett	
Cody Whelan	

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or maybe attached**):**

Name	Role	Annual Salary	Amount Paid From This Contract
David Allen		Volunteer	Zero Dollars
Larry Day		Volunteer	Zero Dollars
Sally Baybutt		Volunteer	Zero Dollars

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceedings involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

** Note: Attached screen shot from the DOJ Registered Charities List found at:

https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf

FINANCIAL DISCLOSURES

G. Check one the following:

[ ] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[X] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**

[ ] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

	Revenu		Expenses
Grants	$	*Compensation of officers, directors, and key personnel*	$
Donations	$	*Other salaries & wages*	$
Program Services Revenue	$	*Payroll taxes & employee benefits*	$
Interest & Dividends	$	*Occupancy, rent, utilities, and insurance*	$
All other Revenue	$	*Printing, publications, postage, office supplies, and IT*	$
Total Revenue	$	*All other expenses*	$
		Total Expenses	$

2. BALANCE SHEET

Assets		Liabilities	
Cash & Equivalents	$	*Accounts Payable*	$
Investments	$	*Loans Payable*	$
Real Estate (less any depreciation)	$	*All other liabilities*	$
		Total Liabilities	$
Other Property & Equipment (less any depreciation)	$		
Pledges, grants, accounts receivable	$		
All other assets	$		
Total Assets	$		

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

NEW HAMPSHIRE SEACOAST GREENWAY
55 LAFAYETTE ROAD
NORTH HAMPTON, NH 03862

Date:
12/09/2022
Employer ID number:
88-0974788
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 24, 2022
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053739007182

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for instructions and the latest information

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning January 01, 2025, and ending December 31, 2025

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
New Hampshire Seacoast Greenway Alliance

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
345 Heritage Ave, PO BOX 1020,

City or town, state or province, country, and ZIP or foreign postal code
Portsmouth, NH 03802

D Employer identification number
88-0974788

E Telephone number
(617) 549-3011

F Group Exemption Number

G Accounting Method: [x] Cash [ ] Accrual Other (specify): _____

H Check [ ] if the organization is not required to attach Schedule B (Form 990).

I Website www.NHseacoastgreenway. org

J Tax-exempt status (check only one) - [x] 501(c)(3) [ ] 501(c) ( ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 136,049

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [ ]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	111,014
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	
	4	Investment income		4	5,007
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 20,028		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	20,028
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	136,049
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	691
	14	Occupancy, rent, utilities, and maintenance		14	32,908
	15	Printing, publications, postage, and shipping		15	296
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses.** Add lines 10 through 16		17	33,895
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	102,154
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	95,425
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	197,579

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	95,425	22	197,579
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	95,425	25	197,579
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	95,425	27	197,579

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☑

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	See Schedule O (Grants $ 0) If this amount includes foreign grants, check here . . . ☐	28a	32,908
29	none (Grants $) If this amount includes foreign grants, check here . . . ☐	29a	0
30	none (Grants $ 0) If this amount includes foreign grants, check here . . . ☐	30a	0
31	Other program services (describe in Schedule O) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	32,908

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Seth Mcnally President	2	0	0	0
David Allen Vice President	2	0	0	0
Sarah Baybutt Treasurer	2	0	0	0
Scott Bogle Secretary	4	0	0	0
Jeff Latimer Member	1	0	0	0
Larry Day Member	1	0	0	0
James Sununu Member	1	0	0	0
Paula Rais Member	1	0	0	0
Clark James Member	1	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	☐	☑
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	☐	☑
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	☐	☑
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	☐	☐
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	☐	☐
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	☐	☑
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions: 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b	☐	☑
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	☐	☑
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved: 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9: 39a			
b	Gross receipts, included on line 9, for public use of club facilities: 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0 section 4912: 0 section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	☐	☑
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization: 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	☐	☑

41 List the states with which a copy of this return is filed: NH

42a The organization's books are in care of: sarah r baybutt Telephone no (617) 549-3011

Located at: 10 Berry Brook Lane ,rye ,NH ZIP + 4 03870

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	☐	☑
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	☐	☑

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year: 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☐	☑
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☐	☑
c	Did the organization receive any payments for indoor tanning services during the year?	44c	☐	☑
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	☐	☐
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☐	☑
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	☐	☑

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☐	☑

Part VI **Section 501(c)(3) Organizations Only** All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI ☑

			Yes	No
47	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	47	☐	☑
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☐	☑
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	☐	☑
b	If "Yes," was the related organization a section 527 organization?	49b	☐	☐

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) compensation
None		

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ☑ Yes ☐ No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Sarah baybutt	Date 05/08/2026
	Type or print name and title Sarah baybutt , treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if ☐ self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Schedule A (Form 990)

Department of the Treasury
Internal Revenue Service

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

2025

Open to Public Inspection

Name of the organization
New Hampshire Seacoast Greenway Alliance

Employer identification number
88-0974788

Part I **Reason for Public Charity Status**. (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ 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:

5 ☐ 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)**.

7 ☑ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ 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 university:

10 ☐ An organization that normally receives (1) more than 33⅓% 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 33⅓% 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)			☐	☐		
(B)			☐	☐		
(C)			☐	☐		
(D)			☐	☐		
(E)			☐	☐		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				112,311	111,014	223,325
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	
4 **Total.** Add lines 1 through 3				112,311	111,014	223,325
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)						100,000
6 **Public support.** Subtract line 5 from line 4						123,325

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4				112,311	111,014	223,325
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2,511	5,007	7,518
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	
11 **Total support.** Add lines 7 through 10						230,843

12 Gross receipts from related activities, etc. (see instructions) 12 0

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☑

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support**. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years**. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f)) . .	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support test—2025**. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2024**. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1	☐	☐
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).*	2	☐	☐
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below*	3a	☐	☐
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.*	3b	☐	☐
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.*	3c	☐	☐
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a	☐	☐
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.*	4b	☐	☐
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.*	4c	☐	☐
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a	☐	☐
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?	5b	☐	☐
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c	☐	☐
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.***	6	☐	☐
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).*	7	☐	☐
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8	☐	☐
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****.*	9a	☐	☐
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b	☐	☐
c	Did a disqualified person (as defined on 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****.*	9c	☐	☐
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 line 10b below.*	10a	☐	☐
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.)*	10b	☐	☐

Part IV **Supporting Organizations** *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a** ☐	☐
b	A family member of a person described on line 11a above?	**11b** ☐	☐
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c** ☐	☐

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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** ☐	☐

Section 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** ☐	☐

Section 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** ☐	☐
3	By reason of the relationship described on line 2, above, 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** ☐	☐

Section 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****)*

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a** ☐	☐
b	Did the activities described on line 2a, above, 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 activities but for the organization's involvement.*	**2b** ☐	☐
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," describe in* ***Part VI***	**3a** ☐	☐
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b** ☐	☐
c	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? *If "Yes" or "No," provide details in* ***Part VI.***	**3c** ☐	☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
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		

Section 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		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	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 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount**(add line 7 to line 6)	8		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required — *provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive *(provide details in* ***Part VI****).* See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required — *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f			
4	Distributions for 2025 from Section D, line 7: **$**			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II Line 10 - Other income

Year	Amount	Description
2021	$ 0	not in existence yet
2022	$ 0	no other income
2023	$ 0	no other income
2024	$ 0	no other income
2025	$ 0	no other income

Schedule B (Form 990)	Schedule of Contributors	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	2025

Name of the organization	Employer identification number
New Hampshire Seacoast Greenway Alliance	88-0974788

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☑ 501(c) (3) 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of the organization	Employer identification number
New Hampshire Seacoast Greenway Alliance	88-0974788

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	(c) Type of contribution
1	Larry Day 100 Portsmouth Ave, Greenland, NH 03840	$ 50,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	John and Crystal Beuerlein 822 Questover Lane, St Louis, MO 63141	$ 50,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of the organization
New Hampshire Seacoast Greenway Alliance

Employer identification number
88-0974788

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
		$	

Name of the organization	Employer identification number
New Hampshire Seacoast Greenway Alliance	88-0974788

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 information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Schedule G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
New Hampshire Seacoast Greenway Alliance

Employer identification number
88-0974788

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

2a If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			☐	☐			
2			☐	☐			
3			☐	☐			
4			☐	☐			
5			☐	☐			
6			☐	☐			
7			☐	☐			
8			☐	☐			
9			☐	☐			
10			☐	☐			
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			20,028	20,028
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☑ No	☐ Yes % ☑ No	☐ Yes % ☑ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				20,028

9 Enter the state(s) in which the organization conducts gaming activities: NH

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	0%
b An outside facility	**13b**	100%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **New Hampshire Lottery Commission**

Address **14 Integra Drive Concord, NH 03301**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ **0**

Description of services provided

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . $ **0**

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
See instructions

Part and Line Number: Part III - General

We received a donation from the gaming commission of New Hampshire. Hoping that I answered the questions correctly. (We just get a check after sending them an application. We have nothing to do with the actual gaming and don't really know what the games are!)

part3 Line 17b: 0

SCHEDULE O (Form 990)
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 Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the Organization
New Hampshire Seacoast Greenway Alliance

Employer identification number
88-0974788

Part and Line Number: **Part I - Line 8**

Description	Amount
Grant from local garden non profit for kiosks installed at trail heads and also for trail rules signs. Reported on 8045.00n line 1	$0
We connected with the state of New Hampshire Gaming commission and received 2 donations. They sent us 2 checks totaling this amount. We did not have a gaming event. It is required by the state to donate a portion of the gaming revenues. We were lucky enough to be one of the many non-profits which received a contribution. Included in gaming income 20028.00. his was reported on page 1 line 6A.	$0

Part and Line Number: **Part II - Line 24**

Description	Begining Of Year Amount	End Of Year Amount
we have no other assets	$0	$0

Part and Line Number: **Part II - Line 26**

Description	Begining Of Year Amount	End Of Year Amount
we have no other liabilties	$0	$0

Part and Line Number: **Part III - Primary Exempt Purpose**

Advocating, promoting and maintaining the trail for public recreation. Collect donations for maintenance and working on amenities such as benches and picnic tables. The maintenance is the biggest expense as we have the 8.5 mile trail professionally mowed 6 times a year and they do a fall clean up.

Part and Line Number: **Part III - Line 28**

Maintenance of the trail to remove debris and mow the sides of the trail. This is done seasonally April - November (until it snows) 2025 was over 32,000 in mowing etc (out of about 34,000 in total expenses.) Finished installing trail rules signs.

Form **8453-TE**

Department of the Treasury
Internal Revenue Service

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2025, or tax year beginning January 01 **, 2025, and ending** December 31 **, 20** 25

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of filer	EIN or SSN
New Hampshire Seacoast Greenway Alliance	88-0974788

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**,**2a**,**3a**,**4a**,**5a**,**6a**,**7a**,**8a**,**9a** or **10a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b**,**2b**,**3b**,**4b**,**5b**,**6b**,**7b**,**8b**,**9b**, or **10b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete** more than one line in Part I.

1a	**Form 990** check here. ☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a	**Form 990-EZ** check here ☑	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	136,049
3a	**Form 1120-POL** check here ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here ☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration of Officer or Person Subject to Tax

11 a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☑ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) New Hampshire Seacoast Greenway Alliance (EIN) 88-0974788 , and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here	Sarah baybutt	05/08/2026	treasurer
	Signature of officer or person subject to tax	Date	Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer ☐	Check if selfemployed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if selfemployed ☐	PTIN
	Firm's name Firm's address				Firm's EIN Phone no.