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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning Oct. 1, 2010 , 2011, and ending Sept. 30 , 20 11	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Glacial Hills Resource Conservation & Development Region Inc.
	Doing Business As
	Number and street (or P O box if mail is not delivered to street address) Room/suite
	P.O. Box 130
	City or town, state or country, and ZIP + 4 Wetmore, Ks 66550
D Employer identification number 48-1103964	
E Telephone number 785-608-8801	
G Gross receipts \$ 869,569	
F Name and address of principal officer Carol Hughes, President 1485 160th Rd., Seneca, Ks 66538	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ glacialhillsrccd.com	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1990 M State of legal domicile Ks

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Develop, disseminate and implement rural development plans, projects, and programs that provide for economic growth, enhance the environment, and improves the standard of living and quality of life for the citizens of Kansas and especially northeast Kansas. Programs include small business development; water quality & safe drinking water improvements; wildlife habitat, agritourism and leadership development.			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5	
	6 Total number of volunteers (estimate if necessary)	6	50	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	678,417	806,837
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		187,943	5,535	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,213	40,597	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,820	869,569	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		888,393	869,569	
14 Benefits paid to or for members (Part IX, column (A), line 4)		16,629	67,720	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
16a Professional fundraising fees (Part IX, column (A), line 11e)		242,717	160,051	
b Total fundraising expenses (Part IX, column (D), line 25)				
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11j, 24e)	792,513	569,315	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,051,859	797,086	
	19 Revenue less expenses. Subtract line 18 from line 12	(163,466)	72,483	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	1,738,574	1,782,142
		22 Net assets or fund balances. Subtract line 21 from line 20	542,849	513,933
			1,195,725	1,268,209

Part II Signature Block

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 <i>Gary Satter</i>	Date 8-13-12			
	Type or print name and title Gary Satter Executive Director				
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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2011)

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