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SCAMMEN SEP 1 5 2015

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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

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

Inte	mal Revenu	e Service	Information about Form 990 and its instructions is at www.ii	s.gov/form99	<u>0</u>	inspection
<u>A</u>	For the 2	2014 cale	ndar year, or tax year beginning , 2014, and endi	ng		, 20
В	Check if a	pplicable.	C Name of organization Glacial Hills Resource Conservation & Development	Region	D Employ	er identification number
	Address c	hange	Doing business as			481103964
	Name cha	inge	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number
	Initial retui	•	P.O. Box 130			785-608-8801
$\bar{\Box}$	Final return					
ñ	Amended		Wetmore, Ks 66550		G Gross re	eceipts \$ 1,461,497
\exists			F Name and address of principal officer	H/a) la thra a		subordinates? Yes No
_	Аррисаци	in pending	1 Hame and address of principal officer			sincluded? Yes No
_			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			s included? L. Yes L. No I list. (see instructions)
ا	Tax-exem		✓ 501(c)(3)		•	,
<u>1</u>	Website:				exemption	
K		-	✓ Corporation Trust Association Other ► L Year of form	ation 1990	M State	of legal domicile KS
Ľ	art I	Summ				
	1 E	Briefly de	escribe the organization's mission or most significant activities: Plan,	develop and	mplemen	t rural development
9	F	projects a	and programs that provide for economic growth, enhance the environment	t, and improve	es the star	ndard of living and
Activities & Governance	9	quality of	life for the citizens of Kansas and especially northeast Kansas			
/eri	2 (Check th	is box ▶☐ If the organization discontinued its operations or disposed	of more than	n 25% of	its net assets.
ő	3 1	Number	of voting members of the governing body (Part VI, line 1a)		3	12
જ	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)	4	12
ies	1		61 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		
₹	1		mber of volunteers (estimate if necessary)		6	50
Ş	1		elated business revenue from Part VIII, column (C), line 12		7a	0
_	1		lated business taxable income from Form 990-T, line 34		7b	
	 	vet unie	lated business taxable income from Form 990-1, line 54	Prior Y		Current Year
		^ antb	tions and grants (Part VIII. line 1h)	11.6.		
Ë	1		tions and grants (Part VIII, line 1h)		430,165	1,441,445
Revenue	1	-	service revenue (Part VIII, line 2g)		27,445	17,389
æ	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)		19,041	2,663
_	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u> </u>
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		476,651	1,461,497
			nd similar amounts paid (Part IX, column (A), lines 1-3)		225,419	367,941
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)			
S	15 5	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		141,885	169,346
Expenses	16a F	Profession	onal fundraising fees (Part IX, column (A), line 11e)			
þ	1		draising expenses (Part IX, column (D), line 25) ▶			
ũ			penses (Part IX, column (A), Iliges 11a-11d, 11f-24e)		353,859	1,071,161
	18 7	Total exc	penses, Adddines 43-17/(must equal Part IX, column (A), line 25)		721,163	1,608,448
	19 F	Revenue	penses. Adddines 13-17 (mustequal Part IX, column (A), line 25) less expenses. Subtract line 13 from line 12		(244,512)	(146.951)
		10101140	Teosfexperises: Capitaet intergration interpretation	Beginning of C		End of Year
ts o	20 7	Total acc	ets (Part X, line 16), U.T			
Net Assets or Fund Balances	20 7		11 ' 7		1,849,607	1,883,806
	21 7		illities (Part X, line 26)		490,901	156,225
_			ts or fund balances. Subtract line 21 from line 20		1,358,706	1,727,581
	art II		ture Block	· · · · · · · · · · · · · · · · · · ·		
			ry, I declare that I have examined this return, including accompanying schedules and state			ny knowledge and belief, it is
	e, correct,	<u> </u>	lete. Declaration of preparer (other than officer) is based on all information of which prepar	er nas any know	ieage	
		<u>_</u>	May Jaka ature of difficer			
Sign Here		,		Da	ate	_
		<u>G</u>	Pary Satter Executive Director		8-1,	2-15
		Туре	or pfint name and title			
Pa	id	Print/Ty	pe preparer's name Preparer's signature [Date	Check	PTIN
		.]			self-emp	
	eparer		ame ▶	Eire	n's EIN ▶	
US	e Only		ddress ▶			
Ma	v the IRS		s this return with the preparer shown above? (see instructions) .		one no	· · Yes No
		-			• • •	
ror	raperwo	ork Keau	ction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2014)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Plan, develop and implement rural development 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
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 743,247 including grants of \$) (Revenue \$)
-10	The Delaware River Streambank Restoration Program addresses the issues of streambank erosion that produces sediment and other
	nutrients that are deposited into Perry Lake, a federal reservoir that provides public drinking water and flood control. The lake is
	silting up with sediments from farmland and streambank erosion. The program completed 10 streambank restoration sites by
	constructing a flater streambank slope to reduce erosion and establishing vegetation and trees to further provide protection and
	re-establish a riparian forest along the river. This project included the renovation of a stormwater drainage ditch in the city of
	Holton that was producing erosion in a residential area of the city. The project used bio-engineering and vegetation to provide a
	ditch that conveys the water in a safe manner without erosion that eventually flowed into Perry Lake.
4b	(Code:) (Expenses \$555,647 including grants of \$366,891) (Revenue \$)
	Three watershed restoration and protection programs, two above the federal reservoirs of Perry Lake and Tuttle Creek Lake, that
	provided cost-share assistance to 50 landowners that addressed pollutants that affect the water quality of the watershed. Pollutants
	include sediments, nutrients, bacteria, livestock waste and affects public drinking water supplies in the lakes. These programs
	assist with extending the storage capacity of the lakes and enhances the quality of water for public drinking.
4c	(Code:) (Expenses \$ 282,483 including grants of \$) (Revenue \$)
70	Regional economic and small business development program provided training, technical assistance and business planning and
	financing to entrepreneurs starting small businesses and existing business owners wanting to expand their business. Over 75 people
	were assisted and 25 jobs created. This program includes the Glacial Hills Food Center that is a shared-use commercial kitehon
	food processing facility that provides space for food entrepreneurs to develop and process food produces for their businesses.
	Four business currently utilize the facility to process their food products for sale through farmers markets and retail stores in
	northeast Kansas. A single family house was built to provide needed workforce housing in our rural area where employers have
	difficulty hiring employees because of a lack of housing.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,216 including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,584,593

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

POIIII 3	(2014)			Page 4
Part	Checklist of Required Schedules (continued)			I
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	•
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			,
38	Part VI	37	1	✓
			<u> </u>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
	•		Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ļ.,	
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	•		
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	✓	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			İ
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	l	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u>.</u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	_
•	sponsoring organization have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
10	Section 501(c)(7) organizations. Enter:	9b		V
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	i		İ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)			Ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			}
	the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Section	on A. Governing Body and Management			
	.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		<u> </u>
8	stockholders, or persons other than the governing body?	7b		✓
•	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	√	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	†——
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ļ
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	<u> </u>		
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	. 55.(-,,,,,,,	-···y)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest į	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	•	
	Denise Streeter, Valley Falls, Ks 785-945-6875			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

Check this box it heither the organization no	r any relate	u org	aillZ	allC	лιС	ompe	1156	ited any currer	it officer, directo	r, or trustee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	익고	٦	Q	8	9,₹	Fo	from the	related organizations	other compensation
	related	divid	置	Officer	e	l be great	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ct a	lon	'	뤛	6 6	7	(W-2/1099-MISC)		organization
	line)	Individual trustee or director	al tr		Key employee	ă				and related organizations
		tee	Institutional trustee		-	Highest compensated employee				J
			6		_	藍				
(1) Carol Hughes										
President	<u> </u>	✓		✓				0	o	o
(2) David Royer										
Vice President		✓		✓				0	<u> </u>	0
(3) Nancy Gafford										
Secretary		✓		✓				o	0	
(4) Dianne Heinen										
Treasurer		✓		✓				0	<u> </u>	o
(5) Gary Satter										
Executive Director					✓		Ĺ.,	\$60,726	0	o
(6) William Hill										
		✓				ļ		0	0	. 0
(7) Matt DeVader	<u></u>									
		✓						0	0	. 0
(8) David Key	<u> </u>									
		✓						0	0	0
(9) Mary Howell										
	ļ <u> </u>	✓						0	0	0
(10) Lori Parker	ļ									
		✓						0	0	0
(11) Jim McAnemey	<u> </u>					ŀ				
		✓			<u> </u>			0	0	0
(12) Granville Davidson	<u> </u>									<u>.</u>
		✓_	Ш			<u> </u>		0	0	0
(13) Jere Bruning										
	<u> </u>	✓	Щ					<u> </u>	0	0
(14)	<u> </u>									
	1		ıl		1	l	l	1	Į l	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (contin	nued)		
	` (A) ' Name and title	(B) Average hours per	box,	ot ch unles	Pos eck is pe	more rson	than o	n an	(D) Reportable compensation			(F) timated	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fro orga and	other bensation the anization I related nization	חת ח ו
(15)											-,-		
(16)													
(17)													
(18)								-					
(19)													
(20)													
(21)													
(22)											-		
(23)													
(24)													
(25)													
1b c	Sub-total	VII, Sectio			•	· .	·	>	\$60,726	0			0
d 2	Total (add lines 1b and 1c)	not limited	to th				above	► e) w	\$60,726 ho received mo	0 ore than \$100,00	00 of		0
3	reportable compensation from the organic				uete		kov. c		Joyco or bigb	oot components		Yes	No
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch .	ındı	vidu	ıal		· · · · ·		3		1
4	For any individual listed on line 1a, is the organization and related organizations individual										:h	<u> </u>	
5	Did any person listed on line 1a receive o									ation or individu		.	✓
Section	for services rendered to the organization? on B. Independent Contractors	r II "Yes, "C	ompi	ete .	Scn	eau	ile J 1	or s	sucn person	<u></u>	5	ļ	✓
1	Complete this table for your five highest of compensation from the organization. Repyear.	compensate ort compe	ed inc nsatic	depe	ende or th	ent ie c	contr alend	acto ar y	ors that receive rear ending wit	ed more than \$10 h or within the o	00,000 o rganizati	f on's ta	ax
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compen		
	man Excavation, 500 E. Elm, Hanover, Ks Imorgan Excavating, 2345 Prairie Rd., Robins	on Vo							nservation Con				15,162
	Homes, Summerfield, Ks	<u></u>							nservation Cont use Construction				3,282 7,869
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response .	or note to	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
ts, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c			function revenue	revenue	under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	1,441,445				
	g h	Total. Add lines 1a-1f	►	1,441,445			
e Revenue	2a b	Economic Development	less Code	17,389	17,389		
Program Service Revenue	d e	All all					
Prog	f g	All other program service revenue Total. Add lines 2a–2f	▶	17,389			
	3	Investment income (including dividends, and other similar amounts)	▶	2,663	2,663		
	6a b	Royalties	Personal				
	c d 7a	Rental income or (loss) Net rental income or (loss)	>				
	b	assets other than inventory Less: cost or other basis and sales expenses .					
	c d	Gain or (loss)	•				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Othe	С	Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	; . ▶				
	b c 10a	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	▶				
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	Þ				
	11a b c d	All other revenue					
	12	Total revenue. See instructions	▶	1,461,497	20,052		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	-								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	367,941	367,941							
3	Grants and other assistance to foreign	307,341	307,341							
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	47,084	40,521	6,563						
6	Compensation not included above, to disqualified	47,004	40,321	0,303						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	79,215	79,215							
8	Pension plan accruals and contributions (include	75,215	70,210							
-	section 401(k) and 403(b) employer contributions)		ļ							
9	Other employee benefits		-							
10	Payroll taxes	43,047	40,248	2,799	· · · · · · · · · · · · · · · · · · ·					
11	Fees for services (non-employees):	,	,2.10							
а	Management									
b	Legal	1,874	1,874	,						
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
9	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	2,376	2,128	248						
13	Office expenses	9,877	5,096	4,781						
14	Information technology	1,506	544	962						
15	Royalties									
16 17	Occupancy	10,314	10,314							
18	Payments of travel or entertainment expenses	13,776	13,366	410						
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,578	3,295	283						
20	Interest	1,052	1,052							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	4,718		4,718						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		ļ							
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Contract labor	989,173	989,173							
b	Real estate tax	3,091	303,173	3,091						
c				0,001						
d					<u> </u>					
е	All other expenses	29,826	29,826							
25	Total functional expenses. Add lines 1 through 24e	1,608,448	1,584,593	23,855						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	, 1	Cash—non-interest-bearing	807,386	1	575,703
	2	Savings and temporary cash investments		2	147,151
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		L . L	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
/ 0		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
Assets	-	- '		6	
ASS	7	Notes and loans receivable, net	773,942	7	788,197
•	8 9	Inventories for sale or use		8	
	10a	Prepaid expenses and deferred charges		9	
	104	atherinesis Consolate Destablish Cohestula D			
	ь	Less: accumulated depreciation	268,279	100	272 755
	11	Investments—publicly traded securities	206,279	11	372,755
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,849,607	16	1,883,806
	17	Accounts payable and accrued expenses	431,996	17	.,,,,,,,,,,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	156,225
	24	Unsecured notes and loans payable to unrelated third parties	58,905	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
				25	
_	26	Total liabilities. Add lines 17 through 25	490.901	26	156,225
Se		complete lines 27 through 29, and lines 33 and 34.			
nc	27	Unrestricted net assets	4 050 700	07	
ala	28	Temporarily restricted net assets	1,358,706	27 28	1,727,581
9 6	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		23	
T.		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
É	33	Total net assets or fund balances	1,358,706		1,727,581
_	34	Total liabilities and net assets/fund balances	1,849,607		1,883,806

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Page 12	
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Check if Schedule O contains a response or note to any line in this Part XI	Part	XI Reconciliation of Net Assets		-	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Net unrealized gains (losses) on investments Choracted services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Check if Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1332. If "Yes," did the organization undergo the required a		Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .		
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	1	Total revenue (must equal Part VIII, column (A), line 12)			
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments	2				
Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Soth consolidated and separate basis Soth consolidated basis Soth consolidated and separate basis Soth consolidated basis Soth consolidated and separate basis Soth consolidated basis Soth consolidated and separate basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated and separate basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated basis Soth consolidated b	3				
6 Donated services and use of facilities	4				
7 Investment expenses	5	Net unrealized gains (losses) on investments			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	6	Donated services and use of facilities			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	8				
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9				
Check if Schedule O contains a response or note to any line in this Part XII	10				
Check if Schedule O contains a response or note to any line in this Part XII					
Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	Part	· · ·			
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII	· · ·		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1				
Were the organization's financial statements compiled or reviewed by an independent accountant?					ļ
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2 a		2a		✓_
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?					ĺ
b Were the organization's financial statements audited by an independent accountant?		•			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		· · · · · · · · · · · · · · · · · · ·			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b 3b	b		2b		<u>✓</u>
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•			1
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
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Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•	2c		
the Single Audit Act and OMB Circular A-133?					
the Single Audit Act and OMB Circular A-133?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b ✓			3a	/	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
Form 990 (2014)			3ь	1	
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	al Hills Resource Conservation and						03964
Par	Reason for Public Cha organization is not a private foundation						ons.
1	A church, convention of churc						
2	☐ A school described in section					-1-11-11-11-11-11-11-11-11-11-11-11-11-	
3	☐ A hospital or a cooperative ho						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
5	hospital's name, city, and stat		collage or university	owned c	r operate	od by a government	tal unit described in
•	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 gover						
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		ı a gover	inmental unit or fron	n the general public
8	A community trust described i			-			
9	An organization that normally receipts from activities related support from gross investments.	d to its exempt	functions-subject to	certain	exceptio	ns, and (2) no more	than 331/3% of its
	acquired by the organization a	ifter June 30, 19	75. See section 509(a	a)(2). (Co	nplete Pa	art III.)	
10	An organization organized and						
11	An organization organized and one or more publicly supported						
	the box in lines 11a through 11						
а	☐ Type I . A supporting organize the supported organization(s	cation operated, so the power to re	supervised, or contro egularly appoint or ele	lled by its	support	ed organization(s), ty	pically by giving
	organization. You must com	-					
b	Type II. A supporting organic control or management of the organization(s). You must control	e supporting org	ganization vested in th				
С		-		ted in co	nection	with and functionall	v integrated with
·	its supported organization(s)						y integrated with,
d	that is not functionally integr	ated. The organi	zation generally must	satisfy a	distributi	ion requirement and	
_	requirement (see instructions Check this box if the organiz						II Tume III
е	functionally integrated, or Ty						п, туре ш
f	Enter the number of supported of						
g		<u> </u>	· · · · · · · · · · · · · · · · · · ·			1	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
(A)							
(B)							<u> </u>
(C)							
(D)			<u> </u>				
(E)							
·- <i>/</i>							
Total	!		1	1			

Part							
	(Complete only if you checked the Part III. If the organization fails to				_	•	under
Secti	on A. Public Support	quality unde	i the tests is	ted below, pr	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	678,417	1,004,144	698,302	430,165	1,441,445	4,252,473
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	678,417	1,004,144	698,302	430,165	1,441,445	4,252,473
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,252,473
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	678,417	1,004,144	698,302	430,165	1,441,445	4,252,473
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,363	4,213	40,597	34,114	13,813	101,100
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,,			13/33	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			25,652			25,652
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	4,379,225
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)
C4:	organization, check this box and stop he	re	<u> </u>		· · · · ·	· · · · ·	<u> P []</u>
<u> 14</u>	on C. Computation of Public Suppor			1		44	
15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					15	97.1 % 95.5 %
16a	331/3% support test—2014. If the organization qual	zation did not e	check the box	on line 13, and	l line 14 ıs 33½	3% or more, ch	eck this
b	331/a% support test-2013. If the organicheck this box and stop here. The organic					15 is 33¹/3% (or more,
17a	10%-facts-and-circumstances test—2014. 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—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the "facts	facts-and-cin and-circumst-	cumstances" ances" test. Th	test, check th ne organization	is box and sto n qualifies as a	p here.
18	Private foundation. If the organization did instructions	d not check a l	box on line 13,	16a, 16b, 17a,	, or 17b, checl	this box and s	
			١		_	edule A (Form 990	
							,

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

		* ** **	
(Complete only	if you checked the box	on line 9 of Part I or if the organization failed to qualify under Part I	II.
If the organization	on fails to qualify unde	r the tests listed below, please complete Part II.)	

Secti	on A. Public Support	under the te	ists listed bei	ow, picase ec	ompicte rait	,	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 2011	(6) 2012	(4) 2013	(6) 2014	(i) Total
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 7a	Total. Add lines 1 through 5 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						
8	Add lines 7a and 7b						
Secti	on B. Total Support	<u> </u>		!	1		¥=***
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				(-,-		(7)
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						
С	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in 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.)	- - ii					
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			-	ear as a sectio	, ,, ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8						%
16	Public support percentage from 2013 Sch				<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (<u>%</u>
18 19a	Investment income percentage from 2013 331/3% support tests—2014. If the organi	ization did not	check the box	on line 14, ai	nd line 15 is m	nore than 331/39	
	17 is not more than 331,8%, check this box 331,8% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this t	oox and stop h	ere. The organi	zation qualifies	as a publicly s	upported organ	ization 🕨 📋
_20	Private foundation. If the organization di	a not check a	pox on line 14,	19a, or 19b, c	neck this box	and see instru	ctions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All	Supporting	Organizations
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		_	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 (b) and (c) 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		
С	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 11a or 11b in Part I, answer (b) and (c) 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		
С	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		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		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	— 	
Secti	on 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).			
Sacti	on D. All Type III Supporting Organizations	1	<u> </u>	
<u>occu</u>	on b. All Type in Supporting Organizations	_	Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	-		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	j		
	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	<u></u>		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	!		1
C	The organization supported a governmental entity. Describe in Part vi now you supported a government entity (s	see ins	trucu	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			لـ ـــ
b	·	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		اـــ ـــا
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		لـــــا
b	Did the organization exercise a substantial degree of direction over 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		لــــــا

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganız	tations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain			
Section A - Adjusted Net Income	imple	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11	<u> </u>	\(\(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
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			1
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		<u></u>
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+ - +	· · · · · · · · · · · · · · · · · · ·	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	······································	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	- ··	
Section C - Distributable Amount		** * *	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11	==	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv-ınte	egrated Type III support	ing organization (see
instructions)	.,	-ga + ypo iii ouppoit	9 0.94.1124.1011 (366

Part		b) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		- -	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purp			
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
 6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			<u> </u>
_ _	Distributions to attentive supported organizations to which	h the ergonization is rec		
0	(provide details in Part VI). See instructions.	in the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6		· <u> </u>	
10	Line 8 amount divided by Line 9 amount	·		
	and a mount arrivate by arrivarit		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b	1			
С				
d				
<u>e</u>	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
<u>h</u>	Applied to 2014 distributable amount			
- !	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$		<u>-</u>	
<u>а</u> b	Applied to underdistributions of prior years Applied to 2014 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			·
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	1			
С	1			
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	orm 990 or 990-EZ) 2014 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
·:	······································
,	
••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Glacial Hills Resource Conservation and Development Region 481103964 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$ Assets included in Form 990, Part X .

Par	Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Oth	er Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot						
а	☐ Public exhibition		d	☐ Loan	or exchang	e progra	ams	
b	☐ Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generation							
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the orga	nization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta						
Par	Complete if the organization 990, Part X, line 21.	_	" to For	m 990, F	art IV, line	9, or re	ported an ar	nount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able:			Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	L	
2a	Did the organization include an amou							
b		art XIII. Check here	e if the e	xplanatio	n has been	provide	d in Part XIII .	<u> </u>
Par		anguared "Vee"	" to For	~ 000 E	lart IV lina	10		
	Complete if the organization	(a) Current year	_	or year	(c) Two years		d) Three years bac	ck (e) Four years back
1a	Beginning of year balance	(a) carrent year	(5)111	oi you	(c) Two year.	3 Dack	d) Three years bac	(e) Four years back
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							-
e	Other expenditures for facilities and	-				<u> </u>		
	programs							
f	Administrative expenses				-			
g	End of year balance							
2	Provide the estimated percentage of	the current vear en	d balanc	e (line 1a	. column (a)) held a	s:	<u>. – I</u>
а	Board designated or guasi-endowme	nt ▶		(()	,	-	
b	Permanent endowment ▶	%	` `					
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		0%.					
3a	Are there endowment funds not in th			zation tha	at are held a	and adm	ninistered for t	ne
	organization by:		-					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired o	n Sched	ule R? .			3b
4	Describe in Part XIII the intended uses	s of the organization	n ⁱ s endo	owment fo	unds.			
Part	VI Land, Buildings, and Equip	ment.						· · · · · · · · · · · · · · · · · · ·
	Complete if the organization	answered "Yes"	' to For	n 990, P	art IV, line	11a. S	ee Form 990,	Part X, line 10.
	Description of property	(a) Cost or other (investment)	her basis	(b) Cost o	r other basis ther)	(c) A	ocumulated preciation	(d) Book value
1a	Land				3,960	-		3,960
b	Buildings				405,660		36,865	368,795
С	Leasehold improvements							
d	Equipment				 			·
е	Other							
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part	K, column	(B), line 10	c.)	>	372.755

Part VII	Investments - Other Securities Complete if the organization ans		m 990 Part IV line	11h See Form	990 Part X line 12
	(a) Description of security or category		(b) Book value		nod of valuation
	(including name of security)	,	(b) book value		of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)					·
(C)					
(D)	·			-	
(E) (F)					
(G)					
(H)			<u></u>		
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments – Program Relate	d.			
	Complete if the organization ans		m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation
				Cost or end	of-year market value
(1)					
(2)					
_(3)					
_(4)					
(5)			· · · · · · · · · · · · · · · · · · ·		
_(6)					
<u>(7)</u> (8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization ans	swered "Yes" to For	m 990, Part IV, line	11d. See Form	990, Part X, line 15.
	<u> </u>	(a) Description			(b) Book value
_(1)					
(2)			-	-	
(3)					
(4)					·
<u>(5)</u>					
<u>(6)</u> <u>(7)</u>					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, c	col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ans	swered "Yes" to Form	n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(4)			 ∤		
(5)					
(6)					
(7)					
(8)		 			
(9)		-			
	b) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions In Part XIII, prov	ride the text of the footn	ote to the organization	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, I		er Return.	
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·	
a	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b	-	
c	Recoveries of prior year grants	2c	 	
d	Other (Describe in Part XIII.)	2d	\dashv	
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	i	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	. 5	
Part			per Return.	
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a.		
1	· ·		. 1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	_2b	_	
C	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
5	Add lines 4a and 4b			
	XIII Supplemental Information.		. 5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			Part X, line
				·
	·			
				•

chedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014	Open to Public Inspection
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Employer identification number Glacial Hills Resource Conservation and Development Region

Glacial Part	Glacial Hills Resource Conservation and Development Region Part I General Information on Grants and Assistance	d Development Reson Strants and	egion Assistance					481103964
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	n records to subs	stantiate the amount	int of the grants or	assistance, the g	grantees' eligibility for	or the grants or assistanc	
01	Describe in Part IV the organization's procedures for monitor	ation's procedure	es for monitoring	ing the use of grant funds in the United States.	nds in the United	States.		· · · res · · · ·
Part	Grants and Other Ass	sistance to Do	mestic Organiz	ations and Dom	lestic Governm	nents. Complete in	f the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipions that received many than the form that the control of the con
(g)	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash assistance (book, FM, appraisal, non-cash assistance (b) EIN (c) EIN ((b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(£)						(base)		
(2)								
<u>6</u>								
(4)								
(2)								1
9								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
N 60	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	01(c)(3) and government in an interpretations listed	ernment organizat	ions listed in the li	ne 1 table			A . A
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructions	s for Form 990.			Cat No 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Schedule I (F	Schedule I (Form 990) (2014)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		- Gao: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9:	ווסוו-כמאו מאאואומווכם	riviv, appraisai, ouiei)	
1 Conservation best management practices assistance	99	366,891			
2 Youth Entrepreneurship Academy Schlorships	80	1,050			
3		,			
4					
5					
9					
L					
Part IV Supplemental Information. Provide the information	the information re	equired in Part I, line	e 2, Part III, column	on required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.
two federal reservoirs that are public water supplies, and the Missouri River sub-watersed. The completed work is approved before making payments by the USDA Natural Resources	the Missouri River	Sub-watersed. The com	pleted work is approv	ed before making payments I	by the USDA Natural Resources
Conservation Service agency.					
Northeast Kansas Youth Entrepreneurship Academy If a week long training for high school junior and seniors and provided schlorships to the winners of the business plan competition.	week long training f	or high school junior a	nd seniors and provid	ed schlorships to the winners	s of the business plan competition.

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

v.irs.gov/form990. Inspection
Employer identification number

Glacial Hills Resource Conservation and Development Region	481103964
Form 990, Part III, Line 4d - Expenses not related to a specific program service	
Form 990, Part VI, Line 11b - Form 990 and Schedules were reviewed by the board of directors at the A	ugust board meeting
Form 990, Part VI, Line 12c - Each year the board of directors review and sign the conflict of interest p	olicy certifying their compliance
Form 990, Part VI, Line 19 - The organization's documents, policies and financial statements are made	available to the public upon request
······	
	·

Glacial Hills Resource Conservation and Development Region 48-1103964

Form 990 was not filed by May 15, 2015 but an extension was approved by IRS to file by August 15, 2015

Reason for not filing on time was waiting on correct financial records and statements from financial manager