(Rev January 2020)

Return of Organization Exempt From Income Tax

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

2019

	artment of	the Treasury ue Service	 Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late. 	•	1916	Open to Public Inspection		
A		2019 calend		, 20				
В		applicable	dar year, or tax year beginning , 2019, and end C Name of organization Glacial Hills Resource Conservation & Developme		D Empl	oyer identification number		
$\overline{\Box}$	Address		J 2p.	48-1103964				
H	Name cha	•	E Telephone number					
Η	Initial retu	-	Licep	785-608-8801				
Η		n/terminated		703-000-0001				
\exists	Amended	G Gross	receipts \$ 850,414					
H	Application		or subordinates? Yes V No					
ш	Application	on pending	F Name and address of principal officer			tes included? Tes No		
$\overline{}$	Tax-exem	npt status	✓ 501(c)(3)	- (` '		st (see instructions)		
<u></u>	Website:	 		number ►				
<u>-</u> -		rganization 🔽	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile KS		
P	art I	Summai	 	1330	IVI State	or legal dornicile R3		
			cribe the organization's mission or most significant activities: Plan,	develop and impl	ement	rural development		
ø	1		d programs that provide for economic growth, enhances the environment			••		
anc	1 -		e for the citizens of Kansas and especially northeast Kansas.	erit, and improves	uie su	andard of living and		
Activities & Governance			box ► ☐ if the organization discontinued its operations or dispose	d of more than 3	25% of	ite not accete		
Š	1		voting members of the governing body (Part VI, line 1a)	d of more than 2	3	lis net assets.		
<u>ن</u> مع			independent voting members of the governing body (Part VI, line 1	b)	4			
Sa				υ,				
ξ			per of individuals employed in calendar year 2019 (Part V, line 2a)		5			
Ş			per of volunteers (estimate if necessary)		6			
٩			ated business revenue from Part VIII, column (C), line 12		7a			
_	Ь	ivet unrelat	ed business taxable inconfetrom Form 990-T, line 39	Prior Year	7b			
	١ ,	^A	TILULIVILD	-	Current Year			
re			ins and grants (Part VIII, Intel 1)		46,861	762,074		
Revenue	1	-		1	00,765	84,866		
æ	10	Investment	income (Part VIII, column A ines 3, 4, and 70)		2,306	3,474		
	11 (Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1					
			ue-add lines 8 through 11 (mus equa Per XII, column (A), ine 12)		49,932	850,414		
			similar amounts paid (Part IX, column (A), lines 1 0)	2	43,128	280,652		
	1		tid to or for members (Part IX, column (A), line 4)					
es	1		her compensation, employee benefits (Part IX, column (A), lines 5–10)	1	28,533	184,615		
ens	1		al fundraising fees (Part IX, column (A), line 11e)					
Expenses			aising expenses (Part IX, column (D), line 25)					
ш			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	4	11,941	303,204		
		-	nses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	7	83,602	768,471		
	19	Revenue le	ss expenses. Subtract line 18 from line 12		66,330	81,943		
s or				Beginning of Curre	nt Year	End of Year		
Net Assets o Fund Balance	20		s (Part X, line 16)	2,1	10,776	2,006,254		
A P	21	Total liabilit	ties (Part X, line 26)		97,519	57,380		
			or fund balances. Subtract line 21 from line 20	2,0	13,257	1,948,874		
	art II	Signatui						
Un	der penalti	ies of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	best of n	ny knowledge and belief, it is		
	e, correct,	and complete	Declaration of preparer (other than officer) is based on all information of which prepared	rer nas any knowledo	ge 			
٥.			my Mana		<u>'~ </u>	-2020		
Siç	- 1	Signatu	re of officer	Date		•		
He	re	<u> 9</u>	ary Satter Executive Director					
		Type or	print name and title					
Pa	id	Print/Type	preparer's name Preparer's signature	Check [ıf PTIN			
	eparer				self-emp			
	e Only		e >	Firm's	EIN ▶			
	————	Firm's addi	ress ▶	Phone				
Ма	y the IRS	S discuss tl	his return with the preparer shown above? (see instructions)		 .	. ☐ Yes ☐ No		
For	Paperwo	ork Reducti	on Act Notice, see the separate instructions.	No 11282Y		Form 990 (2019)		

OHIH 98	90 (201	19)	Page ∠
^o art	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Brie	efly describe the organization's mission:	<u></u>
•		n, develop and implement rural development projects and programs that provides for economic growth, enhances the e	vironment
		improves the standard of living and quality of life for all citizens of Kansas and especially northeast Kansas.	
2		the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ?	s 🗹 No
3		Yes," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program	
Ĭ	serv		s 🗹 No
4	exp	scribe the organization's program service accomplishments for each of its three largest program services, as meterises. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations total expenses, and revenue, if any, for each program service reported.	
4a	of the public policy were	de:	er quality nich affect reduce hops
4b	(Cor	de:) (Expenses \$ 300,800 including grants of \$ 145,673) (Revenue \$ 88,	340)
7.0	Regi	ional economic development and small business development programs provided business training, workshops, busin	ess
		nning and financial assistance to entrepreneurs wanting to start a small business and business owners wanting to expan	
		wing businesses. Over 150 people were assisted and 30 jobs created or retained with these businesses. The Glacial Hills ter is a shared-use food processing facility provided space, equipment and services to four food businesses. The Glacia	
		iness Resource Center provided support, assistance and business planning to 80 entrepreneurs and meeting and office	
		15 businesses. The programs are a public-private partnership with Washburn University Small Business Development C	
	local	ll economic development commissions, chambers of commerce, banks and local officials. The Shawnee Co. e-Commun	ity is a
		gram that cooperates with Network Kansas to provide loans and workshops to entrepreneurs and small businesses. Two inesses received loans to start their businesses which created 8 new jobs.	·····
4c	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$)
			•••
			·
			·
4d		er program services (Describe on Schedule O.) penses \$ including grants of \$) (Revenue \$)	
4e	Tota	nrogram service expenses > 752 871	

'arτ	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	_	
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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 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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, 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		√
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		✓
19	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		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	1	
		_	000	

Part	Checklist of Required Schedules (continued)			
			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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	✓
25a	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	25a		1
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	√	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	-,	

Paπ	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			,
			Yes	No
2a		i		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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	—	<u></u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		İ	
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ĺ	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь				
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.			
ь	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 140	Enter the amount of reserves on hand	4.6		
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 on Schedule O.	14b	\dashv	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		- 1	
	excess parachute payment(s) during the year?	15	\dashv	
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		-	
10	If "Yes," complete Form 4720, Schedule O	16		- 1
				1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ır	struc	
Secti	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	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 10			
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?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
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		✓
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,			Ť
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
4.5			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	✓	L
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	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
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	1	
13	Did the organization have a written whistleblower policy?	13	1	
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		V
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		7
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		
Secti	on C. Disclosure	1		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	fınter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	>	
	Denise Streeter, 627 N. Pennycress Dr., Lawrence, Ks 66049, 785-945-6875			

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Form	$\alpha\alpha\alpha$	1201	0
rorm	990	1201	93

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no		d org	aniz	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Carol Hughes, President	1	1		1				0	0	0
(2) David Royer, Vice-president	11	1		1				0	0	0
(3) Nancy Gafford, Secretary	11	1		1				0	0	0
(4) Diane Heinen, Treasurer	1	1		1				0	0	
(5) Matt DeVader		1						0	0	
(6) Doug Fisher		1						0	0	
(7) David Key		1						0	0	
(8) Mary Howell		1						0	0	
(9) Jere Bruning		1						0	0	
(10) Jim McAnerney		1						0	0	0
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emj	ploy	yee	s, an	d H	lighest Compe	nsated E	mplo	yees (co	ntinued)
	(A) Name and title	(B) Average hours per week	verage box, unless person is box officer and a director/t						(D) Reportable compensation from the	(E) Reporta compensa from rela	ortable ensation related	(F Estimated of of comper	amount ther
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizat (W-2/1099-		from organiza related org	tion and
(15)			}						,				
(16)													
(17)									-				
(18)										-			
(19)													
(20)													
(21)										<u>-</u> ·			
(22)													
(23)												-	
(24)													
(25)	••••												
С	Subtotal	VII, Sectio						* * *	0		0		0
2	Total number of individuals (including but reportable compensation from the organic	not limited		ose	list	ed a	above	e) wl		e than \$10			
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	officer, dire	ector, for su	tru:	stee ındı	e, k	ey e	mpl		t compen	sated		es No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	_
Section	on B. Independent Contractors	-											
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business addi	ress							(B) Description of serv	ices	-	(C) Compensation	on
2	Total number of independent contractor received more than \$100,000 of compensations							the	ose listed above	e) who			
		2O		94111	_40	J. 1					_		

Pań	VIII	Statement of Revenue Check if Schedule O contains a re	senor	nse or note to an	v line in this Pa	ort VIII		
		Officer if Schedule O contains a re	<u> </u>	ise of fibre to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts te	la	Federated campaigns	1a					1
3ran	b	Membership dues	1b					
2 E	С	Fundraising events	1c					.
irfts ar A	d	Related organizations	1d					
% E	е	Government grants (contributions)	1e	762,074				
ig ig	f	All other contributions, gifts, grants,						
돌		and similar amounts not included above	1f					`
Contributions, Gifts, Grants and Other Similar Amounts	ą	Noncash contributions included in lines 1a–1f	1g	e				
	h			Φ	762.074			
	-"	Total. Add lines 1a-1f	<u> </u>	Business Code	762,074			
e	2a	Economic development		20311,033 0000	84,866	84,866		····
Program Service Revenue	b				54,000	04,000		
gram Ser Revenue	С							
e a	d							-
Pg R	e							
<u>F</u>	f	All other program service revenue						
	g	Total. Add lines 2a-2f			84,866			
	3	Investment income (including divi						
		other similar amounts)			3,474	3,474		
	4	Income from investment of tax-exem	-	_ 1				
	5	Royalties		(ii) Personal				
	6a	Gross rents 6a	<u>'</u>	(ii) i cisonai				
	b	Léss. rental expenses 6b						
	c	Hental income or (loss) 6c		-				'
	d	Not rental income or (local)						
	7a	Gross amount from (i) Socurit		(ii) Other				
		sales of assets						
		other than inventory 7a						
ne	b	Less. cost or other basis						
her Revenue		and sales expenses /b						
æ	С	Gain or (loss) 7c						
ē	d	Net gain or (loss)	<u> </u>	▶				
₽	8a	Gross income from fundraising events (not including \$						
Ţ.,		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8h					
	С	Net income or (loss) from fundraisin	g eve	ents . ►				
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming ac	tivitie	es >				-
	10a	Gross sales of inventory, less						
		returns and allowances	10a	ļ				- '
		Less: cost of goods sold .	10b					•
	С	Net income or (loss) from sales of in	vento	· · · · · · · · · · · · · · · · · · ·	-			· -· -··
or s	11a			Business Code				
scellaneo Revenue	i ia b							
ella Ver	C			 				
Miscellaneou Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a–11d		▶		· · · · · ·		
	12	Total revenue. See instructions .		•	762,074	88,340		

	90 (2019)				Page 10
	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a response				
	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	24,473	24,473		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	242,040	242,040		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		, .		
7	Other salaries and wages	171,495	165,641	5,854	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				······································
10	Payroll taxes	13,120	12,672	448	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,618	1,398	220	
d C	Accounting				
d e	Lobbying				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	2,080	2,080		
12	Advertising and promotion	1,280	1,037	243	
13	Office expenses	7,206	6,493	713	
14	Information technology	2,161	1,375	786	
15	Royalties				
16	Occupancy	40,425	38,758	1,667	
17	Travel	12,177	12,142	35	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,941	22,155	786	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	11,578	8,105	3,473	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				-
а	Contract labor	95,823	94,448	1,375	
b	Streambank stabilization projects	33,044	33,044	.,,,,,	
С	Demonstration equipment for soil health	78,709	78,709		
d					
е	All other expenses	8,301	8,301		
25	Total functional expenses. Add lines 1 through 24e	768,471	752,871	15,600	
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		_ · · · <u>·</u> · 🗖
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	120,693	1	216,237
	2	Savings and temporary cash investments	600,320		533,753
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10	7	Notes and loans receivable, net	200.045		
Assets	8	Inventories for sale or use	660,615	8	585,216
Ş	9			9	
•	10a	Prepaid expenses and deferred charges		9	
	_	basis. Complete Part VI of Schedule D 10a 729,148		 -	
	b	Less: accumulated depreciation	729,148		671,048
	11	Investments—publicly traded securities	_	11	
	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 33)	2,110,776		2,006,254
	17	Accounts payable and accrued expenses		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	
Liabi ıties	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23		97,519	-	57.200
_	24	Unsecured notes and loans payable to unrelated third parties		24	57,380
	25			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	97,519	26	57,380
ces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>ā</u>	27	Net assets without donor restrictions	2,013,257	27	1,948,874
Ö	28	Net assets with donor restrictions		28	110 10101 1
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
its	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	·	31	
Ϋ́	32	Total net assets or fund balances	2,013,257		1 040 074
Š	33	Total liabilities and net assets/fund balances	2,013,237		1,948,874 2,006,254
			4,110,770	~	4,000,234

Form 9	90 (2019)		Pa	age 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>· · · · </u>		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>
			Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	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			
þ	Were the organization's financial statements audited by an independent accountant?	2b		L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1 1
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	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?	3a		✓
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 on Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Glacial Hills Resource Conservation and Development Region 48-1103964 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (n) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support			:.!	·		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	924,918	1,515,997	699,273	746,861	762,074	4,649,123
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	924,918	1,515,997	699,273	746,861	762,074	4,649,123
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				·		4,649,123
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	924,918	1,515,997	699,273	746,861	762,074	4,649,123
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,573	2,512	7,339	2,306	3,474	18,204
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-,		,,,,,,	-,		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 [Gross receipts from related activities, etc.	(see instructio	ns)			12	4,667,327
13	First five years. If the Form 990 is for th organization, check this box and stop her					ear as a section	
<u>Secti</u>	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organization and other hard.	edule A, Part II zation did not i	l, line 14 . check the box	on line 13, and			-
b	box and stop here. The organization qual 33 ¹ / ₃ % support test — 2018 . If the organization of this box and stop here. The organization of	zation did not d	heck a box or	n line 13 or 16a	a, and line 15	s 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd stop here.	Explain in,
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metaplain in Part VI how the organization metapported organization	tion meets the	facts-and-c	rcumstances"	test, check t	his box and st	top here.
18	Private foundation. If the organization dicinstructions		ox on line 13,	16a, 16b, 17a,			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Glacial Hills Resource Conservation & Development Region 48-1103964 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 5 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 6 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 conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on 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 (for example, recreation or education) Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space 2 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 Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or O	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of the	e follov	ving that make	significant u	se of its
а	☐ Public exhibition		d	□ Loan	or exchange	e progi	ram		
b	☐ Scholarly research		е	□ Other	•				
С	☐ Preservation for future generations	S							
4	Provide a description of the organiza XIII.	ition's collections a	and expla	ain how t	hey further	the oro	ganızation's exe	mpt purpos	e ın Part
5	During the year, did the organization assets to be sold to raise funds rathe							_	□ No
Part								_	
	Complete if the organization	n answered "Yes'	' on For	m 990, I	Part IV, line	9, or	reported an ar	nount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?						other assets n		□ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	llowing to	able.			_	
	,	·					P	mount	
С	Beginning balance					10	;		
d	Additions during the year					10			
е	Distributions during the year .					1e	,		
f						11	:		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ıstodıa	l account liabilit	√? ☐ Yes	□ No
b	If "Yes," explain the arrangement in F								
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes"	on For	m 990, f	art IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions		·	_					
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .						-	 	
е	Other expenditures for facilities and								
_	programs						-	ļ	
f	Administrative expenses								
9	End of year balance	<u> </u>		- /!		\ \ \ - 1 -1		<u> </u>	
2	Provide the estimated percentage of			e (line 1g	i, column (a)) neia i	as.		
a	Board designated or quasi-endowme		. %						
b	Permanent endowment	%							
С	Term endowment ▶ %		2007						
•	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th organization by:		e organi	zation tha	at are held a	and ad	ministered for th	Ye	es No
	(i) Unrelated organizations							3a(i)	
_	(ii) Related organizations							3a(ii)	
_	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.				
Part	, , ,		_					_	
	Complete if the organization			m 990, F	art IV, line	11a.	<u>See Form 990,</u>	Part X, lin	<u>e 10.</u>
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(d) Book va	alue
1a	Land		14,960						14,960
b	Buildings		714,188				58,100		656,088
C	Leasehold improvements								
d	Equipment								
е	Other		,						
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	0, Part X	(, column	(B), line 100	z.)	▶		671,048

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Foi	rm 990 Part IV line	e 11h See Form 9	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation f-year market value
(1) Financial	derivatives	-	<u> </u>	·
(2) Closely h	neld equity interests			
	· · ·			
			-	
(D)	***************************************		! 	
(E)				
(F)				
(G)				
(H)	(A)	-		
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	on 000 David IV lim	. 11. Cas Farm 0	100 Deat V. Bee 40
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value	, ,	d of valuation f-year market value
(1)				
(2)			<u> </u>	
(3)			-	
(4)		,		
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	000 0 104 0	4410 = 0	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 9	
(4)	(a) Description			(b) Book value
(1)			-	
(3)				
(4)		-		
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)	· · · · · · · · · · · · · · · · · · ·	···		
(8)				
(9)		-	-	
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See F	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2))			
(3)				
(4)				
_(5)				
_(6)				
(7)				
(8)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions In Part XIII, provide the text of the footnot	ote to the organization	s financial statements	s that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	footnote has been pro	ovided in Part XIII .

Part		Reconciliation of Revenue per Audited Financial Stateme			Retu	rn.
		Complete if the organization answered "Yes" on Form 990, F	art I	V, line 12a.		
1	Total r	revenue, gains, and other support per audited financial statements			1	
. 2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	nrealized gains (losses) on investments	2a			
		ed services and use of facilities	2b		1	
С		reries of prior year grants	2c		1	
d		(Describe in Part XIII.)	2d		1	
		nes 2a through 2d			2e	
		act line 2e from line 1	·		3	
		nts included on Form 990, Part VIII, line 12, but not on line 1:	•	i	۳	
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b		1	
		nes 4a and 4b	-10	<u> </u>	4c	
_		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	<u> </u>
Part		Reconciliation of Expenses per Audited Financial Statem			_	turn
, art		Complete if the organization answered "Yes" on Form 990, F			ei ne	turri.
1 -		expenses and losses per audited financial statements		v, iiio 12a.	4 -	
		nts included on line 1 but not on Form 990, Part IX, line 25:	•		' -	
		ed services and use of facilities	2a	I	1	
		vear adjustments	2b		-	
					-	
			2c		-	
		(Describe in Part XIII.)	2d		-	
		• • • • • • • • • • • • • • • • • • •			2e	
		act line 2e from line 1	•		3	
		nts included on Form 990, Part IX, line 25, but not on line 1.				
		ment expenses not included on Form 990, Part VIII, line 7b	4a		4 :	
		(Describe in Part XIII.)	4b		-	
					4c	
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	18)		5	<u></u> -
2; Part	XI, line	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	o pro	vide any additional in	nforma	tion.
		·				
			•••••			
	•••••					·•
			•••••			·
		······	- 		- 	·
				•	·	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

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► Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ (h) Purpose of grant or assistance Employer identification number Loan payments √ Yes 48-1103964 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24,473 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table 501-c-3 Nonprofit (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Glacial Hills Resource Conservation & Development Region 20-5277028 (b) EIN Ks. Center for Entrepreneurship 1 (a) Name and address of organization Andover, Ks 2 Partl Part II <u>8</u> N ල 3 9 8 9 5 E 3

Schedule I (Form 990) (2019)

Cat No 50055P

Schedule I (Form 990) (2019)					Page
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" Part III can be duplicated if additional space is needed.	Omestic Individu	als. Complete if the	organization answ	ered "Yes" on Form 990,	on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Conservation best land management practices	49	120,840			
2 Small business startup loans	2	120,000			
3 Youth Entrepreneurship Academy Scholarships	11	1,200			
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	e the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other addit	ional information.
Financial assistance was provided to agricultural landowners a		to implement best land	management practice	s to control soil erosion and	s incentives to implement best land management practices to control soil erosion and surface water pollutants that affect
the quality of drinking water in two public water supply federal		id the watershed into th	ne Missouri River. All p	ractices were approved by Ic	reservoirs and the watershed into the Missouri River. All practices were approved by local review committees and met
specifications of the USDA Natural Resources Conservation So	vation Service.				
Youth Entrepreneurship Academy was a week long training for		junior and seniors whic	ch provided financial s	cholarships for the winners o	high school junior and seniors which provided financial scholarships for the winners of the business plan competition.
Two entrepreneuers received loans for their business startups.		ter for Entrepreneurshi	p (a 501-c-3 nonprofit	organization) provided the fu	Kansas Center for Entrepreneurship (a 501-c-3 nonprofit organization) provided the funds. A loan committee reviewed the
business plans and interviewed the applicants before being approved.	being approved.				

Schedule I (Form 990) (2019)

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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **Glacial Hills Resource Conservation & Development Region** 48-1103964

Form 990, Part VI, Line 11b - Form 990 and Schedules were reviewed by the board of directors at the September 9, 2020 board meeting
Form 990, Part VI, Line 12c - Each year at the January board of directors meeting the directors reveiw and sign the conflict of interest policy
certifying their compliance
Form 990, Part VI, Line 19 - The organization's documents, policies, and financial statement are made available to the public upon request
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