ev 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

Department of the Treasury
Internal Revenue Service

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

7	Inter	nal Revenu	e Service	► Go to www.irs.g	gov/ΓormS		ions and the late	st informati		φ.		nspection	
707	Ā	For the 2	2019 calend	dar year, or tax year beginning	)	Oct 1	, 2019, and end	ling	Se	p 30	, 20	20	
0	В	Checkuf a	pplicable	C Name of organization MID-SOUT	H RESOURCE	CONSERVATION	AND DEVELOPMEN	VI COUNCIL,	INC			tification number	
_		Address c	l·ange	Doing business as				·	1	63-J10	)5818	3	
Ω		Name cha	nge	Number and street (or P O box	if mail is not	delivered to stree	t address)	Room/suite	j	E Telepho			
		Initial retur	'n	2740 CENTRAL PARK	WAY			<u> </u>		(334):	356-1	1855	
<u>.</u>		Final return	Vterminated	City or town, state or province of	country, and	ZiP or inteign pos	stal code		1				
A P		Arnended	return	MONTGOMERY, AL 36	106					G Gross receipts \$ 539,233.			
		Applicatio	n pending	F Name and address of principal of				3				tes? ☐ Yes 🔀 No	
1	1			MILDRED WHITTINGTON, 274	O CENTRAL	PARKWAY, MC	NTGOMERY, AL						
Ē		Tax-exem	pt status	▼ 501(c)(3) 501(c) (	) <b>◀</b> (inse	ertino) 🔲 49	947(a)(1) or 🔲 52	7 <b>1</b> 1	"No.' a	altach a list	(see ins	structions)	
Ę	þ	Website	e viww.m	nidsouthred.org						xemption n		·	
			ganization 🔀	Corporation Trust Associ	ation 🗌 Ot	her > \	L Year of fo	rmation 1	993	M State o	f legal c	omicile AL	
	/P	alge F	Summa										
		1 6	Briefly des	scribe the organization's mis	sion or mo	ost significant	activities comses	NATION, DEVELO	Prebl	AND PROPER I	ISE OF T	HE NATURAL PESOURCE	
	ce	1	WITHIN	THE DEVELOPMENT ARE	EA OF A	UTAUGA, B	ULLOCK, BU	TLER, EI	MORI	E, LEE			
	nar			MACON AND MONTGOM									
	Governance	1	Check this	25% of it	s net								
	Ĝ	I.		f voting members of the gov		3		10					
				if independent voting membe				16)		4		10	
	ţie	5	Total num	ber of individuals employed	ın calenda	ar year 2019 (l	Part V, line 2a)			5			
	Activities &			iber of volunteers (estimate if						6		33	
	¥			elated business revenue from					•	7a	<del></del>	<u>2,036.</u>	
		b	Net unrela	ated business taxable income	e from For	m 990-T, line	39		<del></del> .	7b		2,809.	
				`•	<u>r</u>	<u> </u>	Surrent Year						
	ē	1		ions and grants (Part VIII, line		329.	<del></del>	529,660.					
	Revenue	1	•	service revenue (Part VIII, line		000.		<u> </u>					
	ev.			it income (Part VIII, column (		147.	<del></del> -	2,323.					
	<u>u</u>			cnue (Part VIII-column (A), Iir				2,036.					
		<del></del>		nue-add lines 8 through 11 i				)		476.		<u>531,519.</u>	
		1		d similar amounts paid (Part			3)		<u>271</u>	343.	<del></del> .	351,236	
		1	-	paid to or for members (Part									
	ŝ	3		ther compensation employee			n (A), lines 5–10	)	66,	123		<u>80,828</u>	
	ens	1		nal fundraising fees (Part IX	· ·			ASSESSED		Section 1	De 1. 2 (44)	ALZ11 L 2004 AZ78 200 AZ7	
	Expenses	1		draising expenses (Part IX, co			0.			1007.00	N. KUM		
				enses (Part IX, column (A), li						201.		98,981.	
				enses Add lines 13-17 (mus				i		867		511,095	
	- 10	19	Revenue I	less expenses. Subtract line	18 from III	ne 12REU		<u> </u>		609.		23,424.	
	sees or l	00	T. t. l	-1- (D-+)/ L10\	l <sub>2</sub>	ည္ ဇ		Beginning				End of Year	
	asso Balla	20		ets (Part X, line 16)		FEB 2	S 6 2021 SSO	ļ		905.		600,862.	
		21		lities (Part X, line 26)				ļ <b></b>		647.		323, 180.	
1		22		s or fund balances. Subtract	line 21 nc	OGDE	N, UT	<del>                                     </del>	254,	258.	<del></del>	277,682.	
•	_			ure Block	L		<del></del>	<u></u>					
Į	T)	ider penait e, correct,	and comple	y. I declare that I have examined this declaration of preparer (other in	an officer is t	oased on ad infor	ing schedules and s nation of which pre	parer has any l	a to the thowler	dge dge	/ Knowie	and belief, it	
	Ų.	/		(1) (1)	Oh .	)		·			201		
i	Sig	an 🗸	Signat	sture of officer	prus				Date		200	<i>5</i> /	
į	Ήe	ere	,		/ [VE   17TB	ECTOD							
<	<b>•</b> ``		<b>30</b>	IELA HUGHES, EXECCT I or prior name and title	VE. DIK.	BUIUK				<del></del>			
(	<b>)</b>		<del></del>	pe preparer's name	Preparer'	s signature		Date		Charle F	7.10	NIT'	
C	<b>y</b> Pa	iid	T KEW	IN SMITH, CPA		IN SMITH,	CPA	02/08/2	2021	Check _ self-emple	J "	200107054	
L	Pr	eparer	Euro's no			TIA OUTTILL	Of F	102/00/2	γ	·			
	Us	e Only	<i>/</i>	<del></del>	IAC SOUNTE	्राता वा वाताः	INTEGRATION	AT 25001		SEIN ► Q			
	Ma	v the IP		ddress • 112 SOUTHSTDE S this return with the preparer				AL 35801	Phon	e no (25			
				tion Act Notice, see the senar			76 AC-10115)	REV 10/27/20			l	X Yes No	
	COL	T ALLEY W	LIK MEDIIC	CODA ACCINDINCE SPR. DG SPROT	ALP HISTOIC	TAMES PEACE		REV 10/2/17/01	HCL 2			macm 444117201	



Р	ao	е	2

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	CONSERVATION, DEVELOPMENT, AND PROPER USE OF THE NATURAL RESOURCES
	WITHIN THE DEVELOPMENT AREA OF AUTAUGA, BULLOCK, BUTLER, ELMORE, LEE,
	LOWNDES, MACON AND MONTGOMERY COUNTIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes ⊠ No
	If "Yes," describe these new services on Schedule O
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 \$ 474,301. including grants of \$ 331,286.) (Revenue \$ 450,585.)
	MID-SOUTH RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL FUNDED
	ADMINISTERED LOCAL AND REGIONAL RESOURCE CONSERVATION AND THE
	DEVELOPMENT PLANS OF ORGANIZATIONS AND AGENCIES WITHIN THE EIGHT-COUNTY
	AREA IN AN EFFORT TO IMPROVE ECCONOMIC CONDITIONS. STATE, EDUCATION,
	COMMUNITY ASSISTANCE AND OTHER PROJECTS WERE APPROVED BY LOCAL RC&D
	COUNCIL BOARD MEMBERS BASED ON NEED, EXPECTED BENEFIT TO THE COMMUNITY
	AND TO FURTHER THE OBJECTIVES OF THE AREA PLAN.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	······································
4d	Other program services (Describe on Schedule O )
-14	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 474, 301.

Part I			Yes	No
1	the state of the s			INO
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		×	
	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		
4	candidates for public office? If "Yes," complete Schedule C, Part I.  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? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		×
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		×
	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	į.	×
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		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	×	
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		×
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	×	
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	×	
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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		^
	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		×
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? <i>If</i> "Yes," complete Schedule H.	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
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	×	

Part	V Checklist of Required Schedules (continued)			
	<del></del>	لـــــ	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		_×_
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		×
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
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		×
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		×
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		×
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		×
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			١
	"Yes," complete Schedule L, Part IV	28a		×
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  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	28b 28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
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		×
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		×
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		×
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		×
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
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			
		11227	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			

Did the organization comply with backup withholding rules for reportable payments to vendors and

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

reportable gaming (gambling) winnings to prize winners?

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ì	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3	<u> </u>	·	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u>.</u>		<u></u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. L	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	၁ [	3b	]	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		×
b	If "Yes," enter the name of the foreign country ▶		. 1		. ]
	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		×
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		×
C	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 organization solicit any contributions that were not tax deductible as charitable contributions?	did the	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or			
-	gifts were not tax deductible?	Ĺ	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	r goods		<u>, , , , , , , , , , , , , , , , , , , </u>	
	and services provided to the payor?	-	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Ļ	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ı ıt was			
	required to file Form 8282?	-	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	<u></u>	Ħ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form		7h	feat: 1	/ humit
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			P ADS
_	sponsoring organization have excess business holdings at any time during the year?	ļ,	8	Market A	A.)
9	Sponsoring organizations maintaining donor advised funds.	-			100
a	Did the sponsoring organization make any taxable distributions under section 4966?	-	9a 9b		<del> </del>
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-	an .		<del> </del>
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12			4_ ,	
b	Section 501(c)(12) organizations. Enter.		,		
11	Gross income from members or shareholders 11a				
a	<del></del>		·	J	1
b	Gross income from other sources (Do not net amounts due or paid to other sources 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	10412	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	``.`			<del> </del> ,
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	· F			<del> </del>
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		-		
С	Enter the amount of reserves on hand				,
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	90 T	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	-			
	excess parachute payment(s) during the year?		15		
	If "Yes," see instructions and file Form 4720, Schedule N		. 4	· 5:	James .
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		
	If "Yes," complete Form 4720, Schedule O.		35.	13.00	1657

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI .

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 10		•						
	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	ų		3					
	committee, explain on Schedule O.								
h	Enter the number of voting members included on line 1a, above, who are independent  1b 10		ð						
b		,	ta .	71.15 71.					
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		×					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×					
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		×					
b			- <del>-</del>						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4,54	7.3	1000					
	the year by the following	4,5	-336	#					
a	The governing body?	8a	X						
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	9	ļ						
Coot	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven		000	×_					
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue C	Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	162	×					
10a	Did the organization have local chapters, branches, or affiliates?	Iva		<u> </u>					
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?	10ь							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	٠,٠٠	- 1						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	لست					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	<u> </u>					
C	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	×	<del></del>					
	·	1-	-						
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?	1 7	-						
а	The organization's CEO, Executive Director, or top management official	15a		×					
b	Other officers or key employees of the organization	15b	<u> </u>	×					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1							
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							
b			,						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	p 10.00							
	organization's exempt status with respect to such arrangements?	16b		L					
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶		<b></b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  (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)	Γ (Sed	tion (	501(c)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f into	rest p	olicy,					
	and financial statements available to the public during the tax year.		•						
20	State the name, address, and telephone number of the person who possesses the organization's books and re MID-SOUTH RC&D COUNCIL, 2740 CENTRAL PARKWAY, MONTGOMERY, AL 36106 (334)35								

-												
Part VII	Comp	ensation of	of Officers,	Directors,	Trustees,	Key	<b>Employees</b> ,	, Highest	Compensate	d Emplo	yees, a	and
			ntractors									

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	1 2.1, 15.40	- 5.9			) ()						
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos eck s pe d a d	ition more rson	than o is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amoun of other compensation	
	(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)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) MILDRED WHITTINGTON	1.00										
CHAIR	1	×		×							
(2) SHARON REDD VICE CHAIR	1.00	×		×							
(3) PATTY LAMBRECHT SECY/TREAS	1.00	×		×							
(4) PAMELA HUGHES EXECUTIVE DIRECTOR	40.00				×			44,521.			
(5) WILLIAM MARTIN EXECUTIVE DIRECTOR	40.00				×			19,216.			
(6) ROSE MARY SMITH MEMBER	0.00	×									
(7) JAMES CHAMBLISS MEMBER	0.00	×									
(8) JIMMY SMITHERMAN MEMBER	0.00	×									
(9) PAULA ADAMS MEMBER	0.00	×									
(10) MIKE JORDAN MEMBER	0.00	×									
(11) WILLIAM HODGE MEMBER	0.00	×									
(12) ZONA BEATY MEMBER	0.00	×									
(13)											
(14)							-				

Part	VII Section A. Officers, Directors,	Trustees,	Key	Emi	ploy	yee	s, an	d H	lighest Compe	nsated	Emplo	yees (co	ntınu	ıed)
						C)								
	(A)	(B)	(do r	not ct		ition	e than c	nne	(D)	(E)	+	(F	7)	
	Name and title	Average					is both		Reportable	Report		Estimated		ınt
	•	hours per week	office	er and		irect	or/trust		compensation from the	compen from re		of o		1
		(list any	유	lns:	Officer	Se Se	Highest compensated employee	Former	organization	organiza		from		
		hours for	Individual trust or director	Institutional	Cer	Key employee	hesi	mer	(W-2/1099-MISC)	(W-2/1099	9-MISC)	organiza		
		related organizations	할	<u>چ</u>		흥	ee	-				related org	jariizati	ons
		below	<u>  58</u>	=	ĺ	yee	npe							
		dotted line)	tee	trustee			nsa							
				[ °		ļ	ted							
(15)														
			]											
(16)														
·/			1				İ							
(17)														
\			1											
(18)														
<u></u>			1											
(19)					<del>                                     </del>	$\vdash$		<u> </u>						-
(13)		<del> </del>	1											
(20)			1											
(20)		<del> </del>	†		1									
(04)		<u> </u>		┼─	├	-	<del> </del>					<del> </del>		
(21)		<b></b>	-											
(0.0)		<u> </u>	-	-	-	├-		-	<u> </u>		~~~~	<del> </del>		
(22)		ļ												
			ļ	┼	ļ	<del> </del>		ļ				ļ		
(23)		ļ												
					ļ	ļ		ļ				ļ		
(24)														
					<u> </u>			_				<u> </u>		
(25)														
						<u> </u>					,			
1b	Subtotal							<b>&gt;</b>	63,737.					
С	Total from continuation sheets to Part	VII, Section	on A					<b>&gt;</b>						
d	Total (add lines 1b and 1c)						•	<b>&gt;</b>	63,737.					
2	Total number of individuals (including bu	t not limite	d to t	hose	e lis	ted	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organ	ızatıon ▶												
												1	/es	No
3	Did the organization list any former	officer, dir	ector.	tru	ıste	e. I	kev e	mp	lovee or highes	st compe	ensated			
	employee on line 1a? If "Yes," complete								loyee, or mgme	or oomp		3		×
4	For any individual listed on line 1a, is the							n a	and other compa	neation fi	rom the			
7	organization and related organizations													
	individual	groutor in	, Cai 1 · · ·		,000			٥,	complete cone		or sucr	4		X
5	Did any person listed on line 1a receive of	or occurs o	0000		tion	fra	m 001		rolated ergenize	hon or in	duudua		<u> </u>	$\hat{=}$
3	for services rendered to the organization									LION OF IN	uividua	- II-	والمناسب	V
Sacti	on B. Independent Contractors	· 11 (ES, (	σοπρ	1010	301	ieu	uie J I	UI S	audii perauli			5		×
											_		0.00	
1	Complete this table for your five hig													
	compensation from the organization Rep	ort comper	nsatio	n to	r the	e ca	uenda	r ye	ear ending with or	within th	e orgar	nization's	tax y	ear
	(A)								(B)			(C)		
	Name and business add	aress						<u> </u>	Description of sen	/ices		Compensat	ion	
								$oxed{oxed}$	<del></del>					
								$oxedsymbol{oxed}$						
			-											

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Part	VIII	Statement of Revenue Check if Schedule O contains a respo	nno or noto to an	v line in this Pa	ort \/III		
		Check if Schedule O contains a respo	ise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	. 1a .b c d e f g h	Federated campaigns	12,000. 502,616. 15,000.	529,660.	function revenue	0.	from tax under sections 512–514
Progr R	e f g	All other program service revenue .  Total. Add lines 2a-2f	. •	0.			) <sub>5</sub> 5 6 [
	3 4 5	Investment income (including dividend other similar amounts) Income from investment of tax-exempt to Royalties	oond proceeds	2,823.	0.	0.	2,823.
	6a b c	(i) Real		2,036.	0.	2,036.	· · · · · · · · · · · · · · · · · · ·
ıne	7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(ii) Other				
Other Revenue	c d 8a	and sales expenses Gain or (loss)  Net gain or (loss)  Gross income from fundraising	•				
0	_	events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Less direct expenses  8t					
	c 9a	Net income or (loss) from fundraising ex Gross income from gaming	rents ►				
	b c	activities See Part IV, line 19 . 9a Less. direct expenses . 9b Net income or (loss) from gaming activities	)				
	b	Gross sales of inventory, less returns and allowances . 10 Less. cost of goods sold 10	b				
sn	C	Net income or (loss) from sales of inven	Business Code				-3 dy 1
Miscellaneous Revenue	11a b c						
	d e 12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions	<u> </u>	534,519.	0.	2,036.	2,823.

	0 (2019)  Statement of Functional Expenses			<del></del>	Page 10
Section	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete colu	ımn (A)
	Check if Schedule O contains a response	e or note to any line	e in this Part IX		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	331,286.	331,286.		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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 .			The same of the sa	The Control
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 .	75,084.	67,576.	7,508.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			,	
9	Other employee benefits				
10	Payroll taxes .	5,744.	5,170.	574.	0.
11	Fees for services (nonemployees)	<u> </u>			·
а	Management				
b	Legal	4,928.	0.	4,928.	0.
С	Accounting	5,500.	0.	5,500.	0.
d	Lobbying		FFF AT BARRADANN - BANK		-
е	Professional fundraising services See Part IV, line 17		<b>阿尔马斯斯斯</b> 斯斯斯斯斯	W. o. H. H. M. C. S.	
f g	Investment management fees  Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	4 25.6	3 030	426.	÷ 0.
12	Advertising and promotion Office expenses	4,256. 3,979.	3,830. 3,482.	426.	0.
13 14	Information technology	9,940.	4,970.	4,970.	0.
15	Royalties	9,940.	4,970.	4,970.	0.
16	Occupancy	13,258.	11,932.	1,326.	0.
17	Travel	13,230.	11, 552.	1,520.	· ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings	1,556.	924.	632.	0.
20	Interest	998.	0.	998.	0.
21	Payments to affiliates				1
22	Depreciation, depletion, and amortization	608.	304.	304.	0.
23	Insurance	3,071.	1,332.	1,739.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25, column (A) around late line 24e amount exceeds 10% of line 25e amount exceed				
_	(A) amount, list line 24e expenses on Schedule O.)	THE THE TO SEE THE	O AGG	STATE OF THE	生がなべる 報告の
a	TELEPHONE	2,691.	2,422.	269.	0.
b	ANNUAL DUES	40,050.	40,050.	0.	0.
c C	REPAIRS AND MAINTENANCE	4,293.	0.	4,293.	0.
d e	OUTREACH All other expenses	3,853.	0.	0.	0.
			1,023.	2,830.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  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).	511,095.	474,301.	36,794.	0.

Part X Balance Sheet

	art A;	Check if Schedule O contains a response or	note to any line in this Pa	art X		🗆
				(A) Beginning of year		<b>(B)</b> End of year
				<u> </u>	_	<del> </del>
	1	Cash—non-interest-bearing		138,070.	1	154,311.
	2	Savings and temporary cash investments	•	115,085.	2	116,821.
	3.	Pledges and grants receivable, net			3	05.000
	4	Accounts receivable, net .	• • •	2,000.	4	25,000.
	5	Loans and other receivables from any current of		接管		
		trustee, key employee, creator or founder, subst	"一种"。"一种"	5 6	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		controlled entity or family member of any of thes		TO YELL DIRECTOR SALES	5	Emmin Maria Maria
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described	A.B. COLUMN COLUMN	6		
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use .			8	
ĕ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other		The state of the s	(P) 3	E TO
		basis Complete Part VI of Schedule D .	10a 305, 984.		<b>A.</b>	2.1 ° 0.1148
	b	Less accumulated depreciation .	10b 1,254.		10c	304,730.
	11	Investments - publicly traded securities			11	
	12	Investments—other securities See Part IV, line			12	
	13	Investments-program-related. See Part IV, line	11 .		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	•	1,750.	15	• 0.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33) .	256,905.	16	600,862.
	17	Accounts payable and accrued expenses		123.	17	18,.925.
	18	Grants payable .	•		18	
	19	Deferred revenue .			19	
	20	Tax-exempt bond liabilities	·		20	
	21	Escrow or custodial account liability. Complete		NAME OF TAXABLE PARTY OF TAXABLE PARTY.	21	are enter verrennantharines a sel
es	22	Loans and other payables to any current or	TOTAL STATE OF	20	DEL LES	
Ħ		trustee, key employee, creator or founder, subsi			N.	
Liabilities		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrela			23	301,446.
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines	s 17-24) Complete Part X		0.5	2 200
	00	of Schedule D		2,524.	25	2,809.
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·	2,647.	26	323, 180.
Ses		Organizations that follow FASB ASC 958, che	eck here ► 🔀	The same of the sa	一个	
au	07	and complete lines 27, 28, 32, and 33.		254 250	27	Ma Willer Co.
Bal	27 28	Net assets without donor restrictions  Net assets with donor restrictions		254,258.	27	277,682.
٦	20			Pompe To Make agreement for the second	20	Sal . THE P. THE COMMENCES
Ē		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, check here ► □		1.5	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		Marie Translation 1	29	
sts	30	Paid-in or capital surplus, or land, building, or ea			30	
SSE	31	Retained earnings, endowment, accumulated in			31	<u> </u>
ţ	32	Total net assets or fund balances	come, or other fullus	254,258.	32	277,682.
Se	33	Total liabilities and net assets/fund balances	•	256,905.	33	600,862.
			• • •	200,000.	1 50	000,002.

Page	1	2

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total Teveride (mast equal full vini, delatini (vi), into 12)	1	5.	<u>34,5</u>	19.
2	Total expenses (mast educate are my estatum ( y) mis = 5/	2	5	11,0	<u>95.</u>
3	The vertice 1000 experience and a training to the training tof the training to the training to the training to the training to	3		23,4	24.
4	The assets of fund buildhess at beginning of your (must equal that X) into all obtaining by	4	2!	54,2	<u>58.</u>
5	Tyot attroduzed game (leases) of this section is	5			
6	Donated Solvings and deep of Identities	6			
7	Investment expenses	7			
8	Thorported adjustments	8			
9	Cities thanges in fict about of faile balances (explain the constant of	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	10	2	77,6	82.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>	<del></del> ,		
				Yes	No
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," exp	ilain in			- "
•	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	$\vdash$	_×_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or		e	1
	reviewed on a separate basis, consolidated basis, or both			# W	1 50
<b>b</b>	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	×	استعد
b			20	(53)	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	on a	'		. 1
	Separate basis Consolidated basis Both consolidated and separate basis		- "	المياء معم	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	eacht of			
C	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, exp		<del></del>		3:31
	Schedule O.	iani on	2,3	15 6	100
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ı ın the		<del></del>	
	Single Audit Act and OMB Circular A-133?		3a		×
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au		3ь		
	RFV 10/27/20 PRO		Forr	n 990	(2019)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(E)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MID-SOUTH RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC. 63-1105818 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) 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. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 An organization that normally receives (1) more than 33 % 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 331/3% 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). 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 b coultrol 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, C 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, 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 (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						•		
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	346,931.	371,367.	405,957.	439,329.	531,696.	2,095,280.		
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	346,931.	371,367.	405,957.	439,329.	531,696.	2,095,280.		
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	(MAN) - 20.0000	城市研究中岛	学是"一个"	5.华天子"雄」	THE WORLD	2,095,280.		
Section	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	346,931.	371,367.	405,957.	439,329.	531,696.	2,095,280.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,179.	1,248.	1,240.	2,147.	2,823.	-8,637.		
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.)	112.	3,498.				3,610.		
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.			和阿州南部省	<b>程。始代的</b> 1.66	12	2,107,527.		
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	on 501(c)(3)		
organization, check this box and stop here									
						<del></del>			
14	, , ,		•	1, column (f))	-	14	99.42%		
15 16a	Public support percentage from 2018 Sci			an line 12 es	ad line 14 in 00	15	99.44 %		
អាកុ	331/3% support test—2019. If the organ box and stop here. The organization qua				na line 14 is 33	or more.			
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		ıs 33 <sup>1</sup> /3% or m			
17a	10%-facts-and-circumstances test—2019. 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.								
	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization resupported organization	ation meets th meets the "fac	e "facts-and-d ts-and-circums	circumstances stances" test.	" test, check ' The organizati	this box and on qualifies as	stop here. s a publicly ▶ □		
18	<b>Private foundation.</b> If the organization dinstructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □		

	(Complete only if you checked the						ofcr Part II.
<del></del>	If the organization fails to qualify	under the te	ests listed beid	ow, please co	omplete Part	11.)	
	on A. Public Support	(a) 2015	(h) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	(6) 2017	(u) 2018	(e) 2019	(i) Total
•	received (Do not include any "unusual grants")	į					
2	Gross receipts from admissions merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose		ļ				
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				1		
	furnished by a governmental unit to the						
_	organization without charge			/	<del> </del>		
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3		-	<b>/</b>			
1 a	received from disqualified persons	ļ					1
b	Amounts included on lines 2 and 3				-		
_	received from other than disqualified						ا ا
	persons that exceed the greater of \$5,000		/				,
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	The Control of	137/ > 5	1. 5 4 4 5	1		,
Conti	on B. Total Support	· ·	1.7 / 1.49		2 6 3.	, • 500 , 4	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) lotal
9	Amounts from line 6	(2) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2013	(1) 10141
10a	Gross income from interest, dividends,		<b>/</b>			<u> </u>	<del></del>
	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		ļ				
	Add lines 10a and 10b	<b></b>		ļ			
11	Net income from unrelated business	/					
	activities not included in line 10b, whether or not the business is regularly carried on	1					
10	Other income. Do not include gain or			<u> </u>	<del>                                     </del>	<del> </del>	
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12) .						
14	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourtl	h, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he					<u> </u>	<b>&gt;</b>
	on C. Computation of Public Suppo			40 1 (0)			
15	Public support percentage for 2019 (line			13, column (f))	1	15	%
16 Secti	Public support percentage from 2018 Sc on D. Computation of Investment In			·	•	16	%
17	Investment income percentage for 2019			ov line 13. coli	umn (fl)	17	%
18	Investment income percentage from 201					18	
19a	331/3% support tests - 2019. If the organ				and line 15 is n		
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2018. If the organia						ଓଡ଼ି /₃% and
	line 18 is not more than 331/3%, check this		=	•	· · · · · · · · · · · · · · · · · · ·		
20	Private foundation. If the organization d	id not check a	a box on line 14	, 19a, or 19b.	check this box	and see instru	ictions 🔊 🗀

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

## Part IV. Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	)	
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation of this toric and continuing relationship, explain.	1	Yes	No 3;
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	No.	ěî.
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 <b>Part VI</b> 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		3 4 3 4
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		10,3
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u>. H.</u>	
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	5c	•	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ)	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 <b>Part VI</b> .	, 9a		\$ T
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b	ن خير	18654.
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	=	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	47.45	3. 1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	0-1		1 "

10b

determine whether the organization had excess business holdings )

cneau	e A (Form ago or ago-Ez) 2019			age 🗸
Part	V Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			24 2
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		لمحتب
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	11c		
	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.  on B. Type I Supporting Organizations	110		
Secu	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	rs.	103	
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			. 1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		٦_ '	
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ه پ		
	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			. 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	\$ 10	* **	، ۔ بو
	or management of the supporting organization was vested in the same persons that controlled or managed	1		, \$2 g
	the supported organization(s)	1		L
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ľ .	40	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1112		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u>ئىدى.</u> 1	200	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	343	35\$8-4	- 14
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		3	1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	100.4	354
3	By reason of the relationship described in (2), did the organization's supported organizations have a	11 1		- 4
•	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	<b> </b> ,		
	supported organizations played in this regard	3	_	ļ ——-
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			-
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın:	struct	ions)
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			عني.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	١.	29	컈
	those supported organizations and explain how these activities directly furthered their exempt purposes,	٠ . د	1.	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		<u></u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	13.	4 15	, '
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			20/4
_	•	2b	14 # 4× 20 :	
3	Parent of Supported Organizations Answer (a) and (b) below.	4	100	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Affi.	HAL.	لتحا
L	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a	** n*h	61
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 <b>Part VI</b> the role played by the organization in this regard	3b	منتخصة	لننت

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus ızatı	st on Nov 20, 1970 (explair ons must complete Section	n in Part VI) See ns A through E
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Reçoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	14. 14.	N	
a Average monthly value of securities	1a		
<b>b</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)	.a ,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 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)	1	t and the second	
2 Enter 85% of line 1	2	to was some	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	5 , A.	
4 Enter greater of line 2 or line 3	4	1 4.	
5 Income tax imposed in prior year	5		·
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		- 1	
emergency temporary reduction (see instructions)	6	, "	
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	·		
5	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			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ) See instructions	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions			
3	Excess distributions carryover, if any, to 2019			<u>*</u>
a	From 2014			\$
b	From 2015			1
C	From 2016			* Y <sub>1</sub>
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			,
g	Applied to underdistributions of prior years			· ·
h	Applied to 2019 distributable amount	_		
i	Carryover from 2014 not applied (see instructions)			**
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			÷
4	Distributions for 2019 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	1		· · · · · · · · · · · · · · · · · ·
С	Remainder Subtract lines 4a and 4b from 4		<del></del>	***************************************
5	Remaining underdistributions for years prior to 2019, if		•	
_	any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in <b>Part VI.</b> See instructions.			1
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7.	1237		
а	Excess from 2015			
b	Excess from 2016 .			ŧ
С	Excess from 2017 .			
d	Excess from 2018			
е	Excess from 2019			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019

Pärt VI.	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1. Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)
Pt II L	n 10: Other Income Part II, Line 10 Description: MISCELLANEOUS 2015:
112. 20	16: 3498.
•••••	
	·
•	

#### **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.

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization MID-SOUTH RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC. 63-1105818 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part ! Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? 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) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified ntribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year FEB 26 2021 Total number of conservation easements Total acreage restricted by conservation easements . 2b b Number of conservation easements on a certified historic structure included in (A) 2c C Number of conservation easements included in (c) acquired after 7/25/06, and historic structure listed in the National Register 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 5 violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" on Form 990, Part IV, line 8. 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
  - (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Schedule D (Form 990) 2019

Page 2	2
--------	---

Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical T	reasures, or	Oth	ner Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply)	access	ion, and of	ther recor	ds, chec	k any of the fo	llow	ng that make sig	inificant use of its
а	☐ Public exhibition			d		or exchange p	-		
b	Scholarly research			e	Other				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII	ion's c	ollections	and expla	un how ti	hey further the	orga	anization's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ Yes ☐ No
Part	IV, Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?						s or	other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	ete the fo	llowing to	able:	r	т	
	_							Am	ount
C	Beginning balance		•		•		1c	<u> </u>	<del></del>
d	Additions during the year		• •				1d 1e	ļ	
e	Distributions during the year . Ending balance .				•	• • •	1f		
f 2a	Did the organization include an amour	nt on F	orm 990 P	art X line	21 for e	· · ·		account liability?	☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa								
Par								<u> </u>	
	Complete if the organization	answ	ered "Yes	s" on For	m 990, f	art IV, line 10	0.		·
		(a) C	urrent year	( <b>b</b> ) Pri	or year	(c) Two years ba	ack	(d) Three years back	(e) Four years back
1a	Beginning of year balance .								
b	Contributions .				,				
С	Net investment earnings, gains, and losses					2			
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	<u></u>		<u> </u>					
2	Provide the estimated percentage of t		rent year e		e (line 1g	j, column (a)) h	eld a	s	
a	Board designated or quasi-endowmer			%					
b	Permanent endowment ▶								
С	Term endowment ▶ %		المسم المالية	1000/					
20	The percentages on lines 2a, 2b, and		•			at ara balal and	4 ~~4~	winistars of fair the	
3a	Are there endowment funds not in the organization by	e poss	ession or t	ne organi	zation th	at are nelu and	J aui	illiistered for the	Yes No
	(i) Unrelated organizations					_			3a(i)
	(ii) Related organizations					•		•	3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganiza	ations listed	d as requi	red on Se	chedule R?		•	3b
_4	Describe in Part XIII the intended uses								
Part						•			
	Complete if the organization	answ	ered "Yes	on For	m 990, I	Part IV, line 1	1a. S	See Form 990, F	Part X, line 10.
	Description of property		(a) Cost or o		1 ' '	or other basis other)		ccumulated preciation	(d) Book value
1a	Land			0.		25,000.	. ري		25,000.
b	Buildings				2	80,984.		1,254.	279,730.
С	Leasehold improvements	L							
d	Equipment	L							
e Total	Other Add lines 1a through 1e (Column (d) n			200 0 1		- (0) / 10			221 222
mal	ACCURES LA INFOLION LE (COLUMN INLA	יא זצוווי	ulai Form L	MU Part	COULTO	1 IN 1100 700 1		<b>■</b>	304 730

Part VII	Investments—Other Securities.	rm 000 Port IV line	11b. Soo Form 996	) Part Y line 12
	Complete if the organization answered "Yes" on Fo	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial				
	eld equity interests			
			<u> </u>	<del> </del>
(B)				
(C)		-		
(D) (E)				
(F)				
(G)				
(H)			<del></del>	
	mn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments – Program Related.	-		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11c. See Form 990	), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)	mn (b) must equal Form 990. Part X. col. (B) line 13.)			_ <del></del>
Part IX	mn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line		
	(a) Description			(b) Book value
(1) DEPOS	ITS	· · · · · · · · · · · · · · · · · · ·		0.
(2)				
(3)				···
(4)				
(5)	<del></del>			···-
(6)				
(7) (8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	0.
Part X	Other Liabilities.		· !	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes			
	LL LIABILITIES			2,036.
	E TAX PAYABLE			773.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col (B) line 25)		<b>•</b>	0.000
TOTAL TOUR	init (b) must equal Form 330, Fart A, COF (b) line 23)			2,809.

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

Part				
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements	3	1	<u>534,519.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments .	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	534,519.
	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		
b	Other (Describe in Part XIII )	46		
С	Add lines 4a and 4b		. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	534,519.
Part'				•
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 1	2a.	· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements .		1	511,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	1 1	3	511,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII )	4b		
_	Add lines 4a and 4b		4c	
5 Paint	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I Supplemental Information.	ine 18.)	5	511,095
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa			

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
<u> </u>		
•		
		.•
		(
		·

# **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.

▶ Attach to Form 990.

20 <b>1</b> 0	

OMB No 1545-0047

1

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

**Employer identification number** 63-1105818 **%** □

X Yes

MID-SOUTH RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC. General Information on Grants and Assistance Part 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?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

railly, interly to any recipient that received more	וא ופכולומוי ווומו ו	aceived Hole in	1811 40,000. FRIT	ימשליהים הם יושטיי	man \$3,000. Pair il call de duplicated il additional space is needed.	שבת וא וופפעפע.	
(a) Name and address of organization or government	(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, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALABAMA 4-H CLUB FOUNDATION 24 DUNCH HELL PUEJRN CHIVERSITY & 3 8889	63-0457929		11,533.				EDUCATION
(2) AUBURN BEAUTIFICATION COUNCIL 425 PERRY ST AUBURN AL 36830	63-0879646		6,992.				GENERAL
(3) AUBURN UNIVERSITY 381 MELL ST AUBURN UNIVERSITY AL 36849	63-6000724		8,944.				EDUCATION
(4) AUTAUGA COUNTY BOARD OF EDUCATION 153 W FOURETH ST PRATIVILLE AL 36067	63-6000743		15,000.				EDUCATION
(5) CITY OF PRATTVILLE 101 W MAIN ST PRATTVILLE AL 36067	63-0800937		19,800.				GRANTS
(6) BULLOCK COUNTY COMMISSION PO BOX 472 UNION SPRINGS AL 36089	63-6001427		35,750.				GRANTS
(7) FORT DEPOSIT ARTS COUNCIL PO BOX 384 FORT DEPOSIT AL 36032	63-0827899		7,200.				GENERAL
(8) BUTLER COUNTY SCHOOLS 221 N GARLAND HWY NC KENZIE AL 36456	63-6000783		9,214.				EDUCATION
(9) CITY OF MILBROOK THE STATE SHANGESTEEN OF WITHER WE	63-0731985		13,492.				GENERAL
(10) MACON COUNTY S&W DISTRICT 1327 FRANKLIN RD STE A TUSKEGEE AL 36083	63-0891398		5,657.				EDUCATION
(11) MACON COUNTY COMMISSION 101 E ROSA PARKS AVE TUSKEGEE AL 36083	63-6001615		10,529.				GENERAL
(12)See Statement			42,447.				
	1 501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table .			<b>A</b> . 4
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	In the line 1 table					<b>A</b> .

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

Schedule I (Form 990) (2019)

Page 2

16

Schedule I (Form 990) (2019)

Part III Grants an

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

U.	Part III can be duplicated if additional space is needed	space is needed.				
	(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
-						:
2						
က						
4						
2						
9						
7						
	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.	he information rec	quired in Part I, lin	e 2; Part III, column	(b), and any other addit	onal information.
		, , , , , , , , , , , , , , , , , , ,				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					1	
			•	٠		
BAA		REV 10/27/20 PRO				Schedule I (Form 990) (2019)

#### SCHEDULE O (Form 990 or 990-EZ)

T ...

### 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 Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
MID-SOUTH RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.	63-1105818
Pt VI, Line 11b: THE BOARD MEMBERS RECEIVE AND APPROVE A COPY OF	THE FORM 990
PRIOR TO FILING THE RETURN.	
Pt VI, Line 19: ORGANIZATION DOCUMENTS ARE PROVIDED IN RESPONSE T	O A WRITTEN
REQUEST.	
Pt VI, Line 12c: COUNCIL MEMEBERS ARE REQUIRED TO DISCLOSE CONFLI	CTS OF INTEREST
AS SOON AS THEY ARE KNOWN, COUNCIL MEMBERS SIGN AN ANNUAL DISCLOS	URE ON CONFLICTS
OF INTEREST.	
RECEIVED	<u> </u>
	O-0
OGDEN, UT	
·	
	·