N.C. FOUNDATION FOR SOIL AND WATER CONSERVATION, INC. 5171 GLENWOOD AVENUE, NO. 330 RALEIGH, NC 27612-3266

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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# (Rev. January 2020) Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning and ending		
В	Check if	C Name of organization	D Employer identifi	cation number
	applicab	N.C. FOUNDATION FOR SOIL AND WATER		
	Addre	e   CONSERVATION, INC.		
	Name chang	Doing business as	56-21584	94
	Initial return			
	Final		(919)510	
	terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	672,818.
	Amer	RADEIGH, NC 2/012 3200	H(a) Is this a group re	
	Appli		for subordinates	
	pend	<sup>ng</sup> 5171 GLENWOOD AVENUE, RALEIGH, NC 27612-3	26 H(b) Are all subordinates in	ncluded? Yes No
		omprotuted:	527 If "No," attach a	list. (see instructions)
		te: WWW.NCSOILWATER.ORG	H(c) Group exemptio	
K	Form o	organization: X Corporation Trust Association Other LY	ear of formation: $1999$ N	State of legal domicile: NC
P	art I	Summary		
-0	1	Briefly describe the organization's mission or most significant activities: SUPPORT	THE MISSION A	ND PURPOSE
ğ		OF NORTH CAROLINA'S 96 LOCAL SOIL AND WATER	CONSERVATION	DISTRICTS
Ĕ	2	Check this box  if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
Activities & Governance	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
ž	6	Total number of volunteers (estimate if necessary)	6	26
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
			Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	411,954.	618,184.
enc	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,783.	54,634.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,737.	672,818.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	145,831.	245,076.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	138,748.	126,928.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Ř			105 000	055 400
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	185,088.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	469,667.	629,192.
		Revenue less expenses. Subtract line 18 from line 12	-1,930.	43,626.
Net Assets or			Beginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	1,848,969.	1,967,046.
etA	21	Total liabilities (Part X, line 26)	31,667. 1,817,302.	21,586.
		Net assets or fund balances. Subtract line 21 from line 20	1,017,302.	1,945,460.
	art II	Signature Block  Sities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamanta and to the heat of m	v knowledge and helief it is
		thes of perjury, I declare that I have examined this return, including accompanying schedules and size		y knowledge and belief, it is
true	, corre	is, and complete. Declaration of preparer (other than officer) is based on an information of which prep	arer rias arry knowledge.	12020
۵.		Signature of officer Will The Through The Signature of officer Will Through Th	Date	12020
Sig		MICHELLE LOVEJOY, EXECUTIVE DIRECTOR	24.0	
He	re	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	II PTIN
Pai	d	RONALD R. KUYATH RONALD R. KUYATH	09/11/20 if self-employ	
	u parer	Firm's name BERNARD ROBINSON & COMPANY, LLP	Firm's FIN	56-0571159
	Only	Firm's address 4700 HOMEWOOD COURT, STE 105	7 IIII 3 LIN	
500	Ciny	RALEIGH, NC 27609	Phone no 91	9-862-0004
-	v the !	22 discuss this rature with the propagar shows above? (see instructions)	1. 1.0110 110.5 2	X Ves No

Form	990	(2019)	
I OIIII	990	(2013)	

	1990 (2019) CONSERVATION, INC. 50-2150494 Page 2
Pa	t III 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:  TO BUILD CAPACITY IN AND PROVIDE PUBLIC RELATIONS AND FINANCIAL
	SUPPORT TO NORTH CAROLINA'S 96 LOCAL SOIL AND WATER CONSERVATION
	DISTRICTS AND THEIR STATEWIDE ASSOCIATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes X No
	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 \$ 237,770 • including grants of \$ 35,370 • ) (Revenue \$
	IMPROVING THE ENVIRONMENT: THE INITIATIVE IS DESIGNED TO IMPLEMENT SOIL
	AND WATER CONSERVATION PRACTICES TO PROTECT OR ENHANCE NATURAL
	RESOURCES. DURING THE YEAR, 1 CONSERVATION EASEMENT WAS FINALIZED,
	PERMANENTLY PROTECTING 47 ACRES, 17 GRANTS WERE IMPLEMENTED TO HELP
	PRESERVE ECOSYSTEM SERVICES ON WORKING LANDS THROUGH TERM CONSERVATION
	AGREEMENTS IN MILITARY PRIORITY AREAS, AND OVER 4,700 ACRES OF PASTURE
	WAS RESEEDED AFTER THE HURRICANES IN 67 COUNTIES ON OVER 900 FARMS.
4b	(Code: ) (Expenses \$ 148,306 • including grants of \$ 139,837 • ) (Revenue \$ )
	EDUCATING THE CITIZENS: THE INITIATIVE IS DESIGNED TO PROVIDE
	EDUCATIONAL RESOURCES AND OPPORTUNITIES ON CONSERVATION ISSUES TO ALL
	CITIZENS OF THE STATE. DURING THE YEAR, 24 CAREERS IN CONSERVATION
	SCHOLARSHIPS WERE OFFERED TO STUDENTS ENROLLED IN NATURAL RESOURCE
	MANAGEMENT, AGRICULTURE, FORESTRY, OR A RELATED FIELD OF STUDY AND THE
	NC CONSERVATION PARTNERSHIP HOSTED THE NATIONAL CONSERVATION FOUNDATION
	ENVIROTHON, IMPACTING 367 HIGH SCHOOL STUDENTS AND OVER 260 VOLUNTEERS
	AND ADVISORS FROM 46 USA STATES, 5 CANADIAN PROVINCES, AND CHINA.
4c	(Code:) (Expenses \$ 161,894 • including grants of \$
	BUILDING CONSERVATION CAPACITY: THE INITIATIVE IS DESIGNED TO SUPPORT
	CONSERVATION AT THE STATE LEVEL THROUGH PILOT STUDIES OR AT THE LOCAL
	LEVEL THROUGH AN INFLUX OF RESOURCES. DURING THE YEAR OVER 120 ACRES OF
	MULTI-SPECIES AND HEAVY RYE COVER CROP DEMONSTRATIONS WERE PLANTED IN
	11 COUNTIES IMPACTING OVER 100 PEOPLE; 15 COUNTY LEVEL PASTURE
	MANAGEMENT DEMONSTRATIONS WERE ESTABLISHED IMPACTING OVER 300 PEOPLE
	AND OVER 100 PEOPLE RECEIVED TECHNICAL TRAINING; AND THE NC
	CONSERVATION PARTNERSHIP FORMULATED A STATEWIDE STRATEGIC PLAN TO GUIDE A UNIFIED APPROACH TO CONSERVATION EFFORTS IN THE YEARS TO COME.
	A CHIEFED AFEROACH TO COMBERVATION EFFORIS IN THE LEARS TO COME.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 547,970.
	Form <b>990</b> (2019)

# Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
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	44.		$ _{\mathbf{x}}$
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
Б	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
D	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		x
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	11.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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	17		х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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	X	

Part IV Checklist of Required Schedules (continued)

	<del></del>		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	Х	
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			7.7
04 -	Schedule J	23		X
24 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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		X
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			7.7
	Schedule L, Part I	25b		Х
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? <i>If</i> "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		Х
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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<del></del>
~	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<sub>v</sub>	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 4	Check if Schedule O contains a response or note to any line in this Part V			
	Should contain a response of note to any line in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2019)

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		X
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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' 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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
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 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010

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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				X
Sec	tion A. Governing Body and Management				
				Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
	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	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
_	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		····		1
Ü	of officers, directors, trustees, or key employees to a management company or other person?	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			-	X
_					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6 7-	Did the organization have members or stockholders?		·····   <u> </u>	<u> </u>	+ 22
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•	_		X
	more members of the governing body?		7	a	<del>  ^</del>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	•	_	.	X
_	persons other than the governing body?		7	0	1^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-		1,7	
а	The governing body?			77	
b	Each committee with authority to act on behalf of the governing body?		8	o X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				١,,,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		g	)	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
			_	Ye	
	Did the organization have local chapters, branches, or affiliates?		10	a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the forn	n? <b>1</b> 1	a X	
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		12		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12	b X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describe			
	in Schedule O how this was done		12		
13	Did the organization have a written whistleblower policy?		1:		
14	Did the organization have a written document retention and destruction policy?		1	4 X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15	ia	Х
b	Other officers or key employees of the organization		15	b	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16	a	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16	ь	
Sec	tion C. Disclosure			-	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Section 501	(c)(3)s o	nlv) av	ailable
	for public inspection. Indicate how you made these available. Check all that apply.	: (	(-)(-)	.,,	
	X Own website Another's website X Upon request Other (explain	on Schedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		v and fi	nancial	
.5	statements available to the public during the tax year.	ot of interest polle	,, a.i.a ii	.a. ioia	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ake and records			
20	THE ORGANIZATION - (919)510-4599				
	5171 GLENWOOD AVENUE, NO. 330, RALEIGH, NC 27612-	3266			

#### Form 990 (2019) 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.

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

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

(A) Name and title	(B) Average		not cl		ition more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	key employee	Highest compensated hordrands si employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) JIMMY GENTRY	2.27	.,						0	0	0
PRESIDENT & CHAIR	0.00	Х		Х				0.	0.	0.
(2) CHRIS HOGAN	0.00	, I						_	0	0
MEMBER	1 00	Х						0.	0.	0.
(3) DON BUTLER	1.00	, l		х				_	0.	0
VICE CHAIR	0.21	Х		Λ				0.	0.	0.
(4) BRUCE WHITFIELD	0.21	х						0.	0.	0.
MEMBER (5) BRAD CORNELIUS	0.17	Λ						0.	0.	0.
MEMBER	0.17	х						0.	0.	0.
(6) DR. TOM BOWMAN	0.71	Λ						0.	· ·	0.
MEMBER	0.71	x						0.	0.	0.
(7) MYLES PAYNE	0.35	22						•	•	0.
MEMBER	0.33	х						0.	0.	0.
(8) JAY DARDEN	0.46									<u> </u>
MEMBER	0020	х						0.	0.	0.
(9) ANDY CURLISS	0.21							•		•
MEMBER		х						0.	0.	0.
(10) TINA GROSS	0.48							-	-	-
MEMBER		х						0.	0.	0.
(11) STEVE TROXLER	0.17									
MEMBER		Х						0.	0.	0.
(12) MANLY WILDER	0.42									
MEMBER		Х						0.	0.	0.
(13) LARRY WOOTEN	0.25									
MEMBER		Х						0.	0.	0.
(14) DAVID CORUM	0.75									
TREASURER		Х		Х				0.	0.	0.
(15) VANCE DALTON, JR.	1.52							_		
MEMBER		Х						0.	0.	0.
(16) BILL YARBOROUGH	0.65									
MEMBER		Х						0.	0.	0.
(17) DEBORAH JOHNSON	0.83									
SECRETARY		X		Х				0.	0.	0.

56-2158494 CONSERVATION, INC. Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations the compensation hours for organization (W-2/1099-MISC) from the ndividual trustee or related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) JAY ROUSE 0.21 0. 0. 0. MEMBER X (19) DIETRICH KILPATRICK 0.42 X 0 0. 0. MEMBER (20) HERBERT ROUSE 0.54 0 X 0. 0. MEMBER 0.85 (21) ALTON THOMPSON X 0 0. MEMBER 0. (22) NEIL WESTERBEEK 0.35 0 0 MEMBER X Ο. (23) EVAN KLEINHANS 0.14X 0. 0. MEMBER 0. (24) SAMUEL GREEN, JR 0.60 X 0. 0. 0. MEMBER 40.00 (25) MICHELLE LOVEJOY X 0. 79,000. 0. EXECUTIVE DIRECTOR 0. 79,000. 0. 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 79,000. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation

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

\$100,000 of compensation from the organization

Form 990 (2019)

CONSERVATION, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
-		Check if Schedule O contains a response of	Tiole to arry iii i	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under
(0.40							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a					
	ŀ	b Membership dues					
ts,	(	c Fundraising events1c					
la fi	•	d Related organizations					
imi	•	e Government grants (contributions) 1e 2	37,818.				
tion r Si	f	f All other contributions, gifts, grants, and					
lgg		similar amounts not included above 1f 3	80,366.				
d O	ç	g Noncash contributions included in lines 1a-1f 1g \$					
a S	ŀ	h Total. Add lines 1a-1f		618,184.			
		E	Business Code				
e l	2 8	a -					
ا ق	ŀ	b					
Se							
am		d					
Program Service Revenue	•	•					
ሷ	f	f All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)		54,634.			54,634.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	<b>&gt;</b> [				
			(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	b Less: cost or other basis					
e		and sales expenses 7b					
le l		c Gain or (loss) 7c					
Revenue		d Net gain or (loss)	<b></b>				
her		a Gross income from fundraising events (not					
₹	_	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	ŀ	b Less: direct expenses 8b					
		a Gross income from gaming activities. See					
		Part IV, line 19					
	ŀ	b Less: direct expenses 9b					
		a Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	<b></b>				
<u></u>		` '	Business Code				
Miscellaneous Revenue	11 a	,					
ane nue		<u> </u>	<del></del>				
eve eve							
Jisc P.		d All other revenue					
2		e Total. Add lines 11a-11d	<b>•</b>				
	12	Total revenue See instructions		672.818.	0.	0.	54.634.

Form **990** (2019)

# Part IX | Statement of Functional Expenses

D-	Check if Schedule O contains a respons	se or note to any line in  (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	223,070.	223,070.		
_	and domestic governments. See Part IV, line 21	443,070.	223,070.		
2	Grants and other assistance to domestic	22 006	22 006		
_	individuals. See Part IV, line 22	22,006.	22,006.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	79,000.	44,942.	28,004.	6,054
	trustees, and key employees	13,000.	44,742.	20,004.	0,034
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		38,908.	27,633.	11,275.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	30,300	27,055	11,210	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	9,020.	5,690.	3,064.	266
11	Fees for services (nonemployees):	2,020	2,050.	2,001	
'' а					
b					
	Lobbying				
e	D ( ' ) ( ) ' ' O D (N/!! 47				
f	Investment management fees	5,524.		5,524.	
g	(101) 44				
ŭ	column (A) amount, list line 11g expenses on Sch 0.)	10,094.		10,094.	
12	Advertising and promotion				
13	Office expenses	3,283.	1,531.	1,752.	
14	Information technology				
15	Royalties				
16	Occupancy	12,906.	5,699.	7,207.	
17	Travel	11,731.	10,687.	1,044.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,090.	295.	1,795.	
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) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM EXPENSES	205,522.	205,522.		
b		3,912.		3,912.	
С		1,186.		1,186.	
d	REGISTRATIONS	940.	895.	45.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	629,192.	547,970.	74,902.	6,320
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)				Form <b>990</b> (201

Part X Balance Sheet

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			38,951.	1	46,331
	2	Savings and temporary cash investments			101,640.	2	86,683
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			56,425.	4	51,091
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	sons		5	
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9					9	
	10a	Land, buildings, and equipment: cost or othe	r	[			
		basis. Complete Part VI of Schedule D	10a	12,874.			
	b	Less: accumulated depreciation			2,277.	10c	500
	11	Investments - publicly traded securities			468,493.	11	810,029
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11		1,181,183.	13	972,412
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,848,969.	16	1,967,046
	17	Accounts payable and accrued expenses		17			
	18	Grants payable			21,970.	18	11,581
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D	8,693.	21	10,005
8	22	Loans and other payables to any current or for	ormer offi	cer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese per	sons		22	
- │	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on lin	nes 17-24	l). Complete Part X	4 004		
		of Schedule D			1,004.		0
_	26	Total liabilities. Add lines 17 through 25			31,667.	26	21,586
ا ي		Organizations that follow FASB ASC 958, o	heck he	re ▶ 🔼			
) 		and complete lines 27, 28, 32, and 33.			500 604		F06 200
<u>ala</u>	27	Net assets without donor restrictions	580,624.	27	706,380		
<u> </u>	28	Net assets with donor restrictions		1,236,678.	28	1,239,080	
5		Organizations that do not follow FASB ASC	C 958, ch	eck here 🕨 📖			
5		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fun-				29	
	30	Paid-in or capital surplus, or land, building, or				30	
₩ l	31	Retained earnings, endowment, accumulated			1 017 202	31	1 045 460
	32	Total net assets or fund balances			1,817,302.	32	1,945,460
	33	Total liabilities and net assets/fund balances			1,848,969.	33	1,967,046

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Ш	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			18.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			92. 26.	
3						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	8	4,5	32.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,94	5,4	60.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,		x		
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l _	
	Act and OMB Circular A-133?		За	$oxed{oxed}$	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR SOIL AND WATER **Employer identification number** Name of the organization N.C. CONSERVATION, INC. 56-2158494 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 33 1/3% 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 33 1/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support								
Cale	ndar 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.")	2,010,860.	584,921.	1,320,584.	411,594.	618,184.	4,946,143.		
2	Tax revenues levied for the organ-								
	ization'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	2,010,860.	584,921.	1,320,584.	411,594.	618,184.	4,946,143.		
	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.						4,946,143.		
	ction B. Total Support						, , ,		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
	Amounts from line 4	2,010,860.	584,921.	1,320,584.	411,594.	618,184.	4,946,143.		
	Gross income from interest,	. ,				-	<u> </u>		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	13,397.	23,017.	37,375.	55,783.	139,166.	268,738.		
9	Net income from unrelated business	,	,	<u> </u>		,	<u> </u>		
•	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	<b>Total support.</b> Add lines 7 through 10						5,214,881.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	•	•	,						
	organization, check this box and <b>stor</b>	here			•		<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·		
	Public support percentage for 2019 (			olumn (f))		14	94.85 %		
15	Public support percentage from 2018					15	97.43 %		
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>►</b> X		
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a <sub>l</sub>	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the		•						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a publi	cly supported orga	anization	▶∐		
18									

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	, ,	,				
Calend	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
2 (	Gross receipts from admissions,						
	nerchandise sold or services per-						
	ormed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	ness under section 513						
	ax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
	he value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge					-	
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
3	received from disqualified persons						
	amounts included on lines 2 and 3 received						
	om other than disqualified persons that xceed the greater of \$5,000 or 1% of the						
a	mount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sect	ion B. Total Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 A	Amounts from line 6						
	Gross income from interest,						
	lividends, payments received on						
S	securities loans, rents, royalties, and income from similar sources						
	Income morn similar sources  Inrelated business taxable income						
	less section 511 taxes) from businesses						
,	equired ofter June 20 1075						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b					-	
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	egularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
а							
13 T	ssets (Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
13 T 14 F	Issets (Explain in Part VI.)				-	on 501(c)(3) organiz	
13 T 14 F	Issets (Explain in Part VI.)				-	. , . ,	
13 T 14 F Sect	Issets (Explain in Part VI.)	c Support Pe	rcentage			. , . ,	<b></b>
13 T 14 F Sect	Issets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the this box and stop here  Tion C. Computation of Publication	<b>c Support Pe</b> ne 8, column (f), c	rcentage livided by line 13,	column (f))			%
13 T 14 F Sect 15 F 16 F	Issets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for sheck this box and stop here  Jion C. Computation of Public Public support percentage for 2019 (I	c Support Pe ne 8, column (f), c Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))		15	%
13 T 14 F Sect 15 F 16 F Sect	issets (Explain in Part VI.)  otal support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for theck this box and stop here  cion C. Computation of Public Public support percentage for 2019 (IP Public support percentage from 2018 ion D. Computation of Investion D. Computation of Investion D.	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom	rcentage divided by line 13, III, line 15	column (f))		15	% %
13 T 14 F 2 Sect 15 F 16 F Sect 17 In	inssets (Explain in Part VI.)  otal support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for theck this box and stop here  cion C. Computation of Public Public support percentage for 2019 (II)  Public support percentage from 2018  cion D. Computation of Investment income percentage for 20	c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li	column (f)) ne 13, column (f))		15 16	% %
13 T 14 F Sect 15 F 16 F Sect 17 In 18 In	Issets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Jion C. Computation of Public Public support percentage for 2019 (Ill Public support percentage from 2018)  Jion D. Computation of Investment income percentage from 2018 (Ill Public support percentage from 2018)	c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur 018 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
13 T 14 F Sect 15 F 16 F Sect 17 Ir 18 Ir 19a 3	Issets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  John C. Computation of Public Public support percentage for 2019 (Inc.)  Public support percentage from 2018  John D. Computation of Investment income percentage from 2019  Investment income percentage from 2019  All 1/3% support tests - 2019. If the	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom 19 (line 10c, colur 2018 Schedule A, organization did r	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than :	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
13 T 14 F Sect 15 F Sect 17 In 18 In 19a 3	issets (Explain in Part VI.)  fotal support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for theck this box and stop here  ion C. Computation of Public Public support percentage for 2019 (Ill Public support percentage from 2018 ion D. Computation of Investment income percentage for 20 nevestment income percentage from 2 13 1/3% support tests - 2019. If the more than 33 1/3%, check this box are	c Support Pe ne 8, column (f), c Schedule A, Part thment Incom 19 (line 10c, colur 2018 Schedule A, organization did r ndstop here. The	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line	e 15 is more than supported organiza	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
13 T 14 F Sect 15 F 16 F Sect 17 II 18 II 19a 3	Issets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  John C. Computation of Public Public support percentage for 2019 (Inc.)  Public support percentage from 2018  John D. Computation of Investment income percentage from 2019  Investment income percentage from 2019  All 1/3% support tests - 2019. If the	c Support Pe ne 8, column (f), c Schedule A, Part thment Incom 19 (line 10c, colur 2018 Schedule A, organization did r ndstop here. The organization did r	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or	ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19	e 15 is more than supported organiza, and line 16 is m	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%,	% % % 7 is not

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# 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.)

#### Section 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **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 Part VI.
- c 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 Part VI.
- 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.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <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,			
	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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	)-		
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 ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 CONSERVATION, INC.

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. A				
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	ganization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	าร	
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	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

# N.C. FOUNDATION FOR SOIL AND WATER

Schedule A	(Form 990 or 990-E	Z) 2019 CONS	SERVATION,	INC.		56-2158494 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information lines 1, 2, 3b, 3 tion D, lines 2 ar	I. Provide the expl c, 4b, 4c, 5a, 6, 9a nd 3; Part IV, Secti	anations requir , 9b, 9c, 11a, 1 on E, lines 1c, 2	1b, and 11c; Part IV, Section	line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	(See Instructions.)					

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

N.C. FOUNDATION FOR SOIL AND WATER

CONSERVATION, INC.

Employer identification number

56-2158494

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
N.C. FOUNDATION FOR SOIL AND WATER
CONSERVATION, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NC DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES  1001 MAIL SERVICE CENTER  RALEIGH, NC 27699-1001	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORTH CAROLINA STATE UNIVERSITY  CAMPUS BOX 7212  RALEIGH, NC 27695-7212	\$\$44,482.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	USDA NATURAL RESOURCES CONSERVATION SERVICE  1400 INDEPENDENCE AVEUE, SW  WASHINGTON, DC 20250	\$ 125,305.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NC FARM BUREAU FEDERATION  PO BOX 27766  RALEIGH, NC 27611	198,449.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ENVIRONMENTAL DEFENSE FUND  4000 WESTCHASE BLVD, SUIT 510  RALEIGH, NC 27607	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TOM & KAROLEN BOWMAN  100 COFFEE AVENUE  NORTH WILKESBORO, NC 27659	56,500.	Person X Payroll
923452 11-0		- I Schodulo P /Form	990 990-F7 or 990-PF) (2019)

Name of organization
N.C. FOUNDATION FOR SOIL AND WATER
CONSERVATION, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC.  1109 EXPERIMENT STREET  GRIFFIN, GA 30223-1979	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE NORTH CAROLINA GRANGE  1734 WILKESBORO HWY  STATESVILLE, NC 28625	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
N.C. FOUNDATION FOR SOIL AND WATER
CONSERVATION, INC.

Employer identification number

Part II	art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_		- - - - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - -   \$			

Name of organization

N.C. FOUNDATION FOR SOIL AND WATER

CONSERVATION, INC.

Part III Exclusively religious, charitable, etc., contributions to organi

from any one contributor. Complete columns (a) through (e) as

Employer identification number

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)			O1(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	O or less for the	e year. (Enter this info. once.) \$		
(a) No. from	Use duplicate copies of Part III if additional  (b) Purpose of gift	(c) Use of gift		(d) Deparintion of how gift is hold		
Part I	(b) Purpose or grit	(c) Use of gift		(d) Description of how gift is held		
_						
		(e) Transfer o	f gift			
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		(e) Transfer o	f aift			
	(c) Transier of s					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				<u> </u>		
Ī		(e) Transfer o	f gift			
	Tunnefamala nama addresa as	- d <b>7</b> ID . 4	D-	lationals of two of over to two of our		
+	Transferee's name, address, ar	10 ZIP + 4	ne	lationship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
<del></del>						
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee		
	,,			·		
	9	-				

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

N.C. FOUNDATION FOR SOIL AND WATER

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CONSERVATION, INC.

**Employer identification number** 56-2158494

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	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 qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	-	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance 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		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		·
b	Assets included in Form 990, Part X		<b>S</b>

932051 10-02-19

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

	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, d	or Othe	r Similar A	ssets(cont	inued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following tha	t make s	ignificant use	of its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explair	how they further t	he organizati	on's exer	mpt purpose ir	n Part XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be main						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang						t IV, line 9, c	or
	reported an amount on Form 990, Part	X, line 21.	-					
1a	Is the organization an agent, trustee, custodial	n or other intermed	iary for contribution	ns or other as	sets not	included		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII ar							
							Amour	nt
С	Beginning balance					1c		8,693.
	Additions during the year							1,742.
	Distributions during the year							430.
f	Ending balance						1	0,005.
2a	Did the organization include an amount on For						X Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planation has been	provided on	Part XIII			
$\overline{}$	rt V Endowment Funds. Complete if t							
•	·	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years I	back (e) Fou	ır years back
1a	Beginning of year balance	469,600.	501,902.	30	5,700.	271,8	389.	143,206.
b	Contributions	30,749.	2,500.	15	4,624.	102,0	76.	130,906.
С	Net investment earnings, gains, and losses	95,526.	-34,802.	4:	1,578.	-68,2	265.	-2,223.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance	595,875.	469,600.	50:	1,902.	305,7	700.	271,889.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	100.00	%	,,				
b	Permanent endowment	%	_					
С	Term endowment > %							
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.						
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administe	red for th	ne organizatior	1	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the o	organization's endo	wment funds.				'	
Pai	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990	), Part X,	line 10.		
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Ac	cumulated	(d) Boo	ok value
		basis (investm	ent) basis	(other)	dep	reciation		
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment		1	2,874.		12,374.		500.
e	Other							
	I. Add lines 1a through 1e. (Column (d) must equ		X, column (B), line 1	10c.)		<b>&gt;</b>		500.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CONSERVATION	N, INC.	Ţ	56-2158494 <sub>Pa</sub>	ge 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value	;
1) Financial derivatives				
2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	1c See Form 990 Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value	<del></del>
(1) CERTIFICATES OF DEPOSIT	972,412.	END-OF-YEAR MARKI		
(2)	3,2,1120		<u> </u>	
(3)				
(4)				
` '				
(5)	_			
(6)	+			
(7)				
(8)				
(9)	972,412.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	9/2,412.			
	F 000 D+ IV/ II	11-1 O Farma 000 Bart V Brand F		
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(h) Dook value	
• • • • • • • • • • • • • • • • • • • •	Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			+	
(9)  Total (Column (b) must equal Form 990, Part V, col. (P) line	25.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Liability for uncertain tax positions. In Part XIII, provide			ata that raparts the	_
<ul> <li>LIADUITY TOT LINCERTAIN TAX DOSITIONS IN PART XIII DYOVIDA</li> </ul>	THE TEXT OF THE TOOTHOUGHTO	THE OTHER PROPERTY OF THE PROP	us mar renorts the	

932053 10-02-19

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... X

2e

3

4c

629,192

629,192.

Sche	dule D (Form 990) 2019 CONSERVATION, INC.				2158494 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	757,350
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	84,532.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	84,532
3	Subtract line 2e from line 1			3	672,818
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				672,818
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	629,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	0-			

#### Part XIII Supplemental Information.

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

d Other (Describe in Part XIII.)

Add lines 2a through 2d

Other (Describe in Part XIII.) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

#### PART V, LINE 4:

IN AUGUST 2013, THE BOARD APPROVED THE ESTABLISHMENT OF A BOARD DESIGNATED ENDOWMENT FUND. THE PURPOSE OF THE FUND WAS TO SEGREGATE \$16,000 OF UNRESTRICTED NET ASSETS FOR INVESTMENT AND GROWTH TO SUPPORT THE OPERATIONS OF THE FOUNDATION. THE FOUNDATION RECEIVED INTENTIONS TO GIVE TO THE OPERATIONS ENDOWMENT TOTALING APPROXIMATELY \$687,949. THE BOARD HAS IMPLEMENTED A CAPITAL DEVELOPMENT PLAN TO FURTHER GROW THE OPERATIONS' ENDOWMENTS. IN FEBRUARY 2016, THE FOUNDATION ENTERED INTO AN AGREEMENT WITH CAPITAL DEVELOPMENT SERVICES ("CDS") WHEREBY CDS AGREED TO PROVIDE STRATEGIC FUNDRAISING CAMPAIGN COUNSEL FOR THE FOUNDATION. IN CONJUCTION WITH THE CAPITAL DEVELOPMENT PROJECT, THE BOARD APPROVED UTILIZING UP TO \$90,000 OF ENDOWMENT FUNDS TO COVER THE COSTS OF THE CDS CONTRACT ALONG

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

WITH THE OTHER COSTS INCURRED BY THE FOUNDATION TO INCREASE FUNDRAISING

EFFORTS RELATED TO THE OPERATIONS ENDOWMENT REACHING ITS \$2,000,000 GOAL.

THE BOARD'S INTENTION IS FOR THE FOUNDATION TO REPAY THIS AMOUNT TO THE

ENDOWMENT OVER TIME. AT YEAR-END THE QUASI-ENDOWMENT FUNDS WERE HELD IN

MUTUAL FUNDS AND ETFS. WITH THE EXCEPTION OF THE EXPENSES NOTED ABOVE, IT

IS THE BOARD'S POLICY THAT NO MORE THAN 10% OF THE QUASI-ENDOWMENT FUND

BALANCE MAY BE DISTRIBUTED IN A GIVEN CALENDAR YEAR.

#### PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE ("IRC"); THEREFORE, NO INCOME TAXES ARE
REFLECTED IN THE FINANCIAL STATEMENTS.

AS OF DECEMBER 31, 2019, THE FOUNDATION HAD NO ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

THE FOUNDATION HAS ITS 2016 THROUGH 2018 TAX YEARS OPEN TO EXAMINATION BY FEDERAL TAX AND STATE TAX JURISDICTIONS. THE FOUNDATION HAS NOT BEEN INFORMED BY ANY TAX AUTHORITIES FOR ANY JURISDICTION THAT ANY OF ITS TAX YEARS ARE UNDER EXAMINATION AS OF DECEMBER 31, 2019.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization N.C. FOUN CONSERVAT		R SOIL AND	WATER				Employer identification number $56-2158494$
Part I General Information on Grants a	nd Assistance					•	
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?					istance, and the selec	▼
Part II Grants and Other Assistance to	Domestic Organia	zations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ded.			
Name and address of organization or government	( <b>b)</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
NORTH CAROLINA STATE UNIVERSITY							
CAMPUS BOX 7214							
RALEIGH, NC 27695	56-6000756		161,336.	0.			EDUCATING THE CITIZENS
BUNCOMBE SOIL AND WATER				- •			
CONSERVATION DISTRICT - 49 MOUNT							
CARMEL ROAD, SUITE 101 -							BUILDING CONSERVATION
ASHEVILLE, NC 28806	56-2196563		12,804.	0.			CAPACITY
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				<b>&gt;</b>
3 Enter total number of other organization							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MPROVING THE ENVIRONMENT	9	16,117.	0.	N/A	
EDUCATING THE CITIZENS	6	1,800.	0.	N/A	
UILDING CONSERVATION CAPACITY	7	4,089.	0.	N/A	

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION OBLIGATES FUNDS TO SOIL AND WATER CONSERVATION DISTRICTS

WITH A COMPETITIVE REQUEST FOR PROPOSALS PROCESS. MANAGEMENT REVIEWS THE

APPLICATIONS AND AWARDS THE GRANTS. THE BOARD OF DIRECTORS CONCURS WITH

THE AWARDS AS DETERMINED BY MANAGEMENT. PROJECT APPLICANTS SUBMIT

QUARTERLY PROGRESS REPORTS. BUDGET MODIFICATIONS ARE REQUESTED IN WRITING

AND APPROVED BY MANAGEMENT. FUNDS ARE DISTRIBUTED AS A REIMBURSEMENT WITH

REQUEST FOR PAYMENTS SUPPORTED BY RECEIPTS, MATCH DOCUMENTATION, AND A

FINAL REPORT WITH PHOTO DOCUMENTATION. THE FOUNDATION SUPPLIES SIMILAR

Part IV Sup	nleme	ntal Inf	orm	ation									30 2	1130131	raye z
QUARTERLY	AND	FINA	L F	REPORT	S TO	THE	FUNI	DER.	ΑI	L	FOUND	ATIO	N FUNDS	ARE	
MANAGED A	.CCORI	DING	то	BOARD	APP	ROVE	D FI	NANC:	IAL	PR	OCEDUI	RES	INCORPO	RATING	GOOD
ACCOUNTIN	G PR	ACTIC	ES.												

# **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

Open to Public Inspection

Name of the organization

N.C. FOUNDATION FOR SOIL AND WATER CONSERVATION, INC.

**Employer identification number** 56-2158494

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THEIR STATEWIDE ASSOCIATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION EMAILS THE DRAFT FORM 990 TO ITS BOARD MEMBERS FOR A PERIOD
OF REVIEW AND OR COMMENT BEFORE FILING THE FINAL RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTERST POLICY IS PERIODICALLY REVIEWED AT BOARD MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Automatic 6-Month Extension of Time. Only submit original (no copies needed).  All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or print 100 percent of the filer, see instructions.  N. C. FOUNDATION FOR SOIL AND WATER CONSERVATION, INC.  SOIL AND WATER 56-2158494  Automatic states for illino you.  Soil A. Number, street, and room or suite no. If a P.O. box, see instructions.  S171 GLENWOOD AVENUE, NO. 330  SALEIGH, NC 27612-3266  Enter the Return Code for the return that this application is for (file a separate application for each return)  Soil I Form 990-EZ  On Form 990-EZ  On I Form 990-EZ  On I Form 990-EZ  On I Form 990-T (corporation)  Form 990-FZ  On I Form 990-T (corporation)  On Form 990-T (corporation)  On Form 990-T (used of the return that above)  THE ORGANIZATION  The books are in the care of \$\infty\$ 5171 GLENWOOD AVENUE, NO. 330 - RALEIGH, NC 27612-3266  Telephone No. \$\infty\$ (319) 510-4599  Form 890-T (trust other than above)  On Form 990-T (trust other than abo		s, for which an extension request must be sent to the IR nis form, visit www.irs.gov/e-file-providers/e-file-for-chari		· · · · · · · · · · · · · · · · · · ·	details on	the electronic			
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or Marmo of exempt organization or other filer, see instructions.  No. C. FOUNDATION FOR SOIL AND WATER CONSERVATION, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  5171 GLENWOOD AVENUE, NO. 330  City, town or post office, state, and ZIP code, For a foreign address, see instructions.  RALEIGH, NC 27612-3266  Enter the Return Code for the return that this application is for (file a separate application for each return).  Robert Street (Street and Street).  Robert Street (Street).  Robert Street (Street).  Rotter (Street).  Rotte	Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
Print CONSERVATION, INC.    Social Constructions   Social Construct	•	·			os, REMIC	S, and trusts			
Sumber, street, and room or suite no. If a P.O. box, see instructions.		N. C. HOUNDARTON HOD COTT AND WARED							
Street and room or suite no. If a P.O. box, see instructions.		CONSERVATION, INC.				56-215849	4		
RÂLEIGH , NC 27612-3266	due date for filing your			ctions.					
Application   Server   Code   Is For   Code		RALEIGH, NC 27612-3266					1011		
Is For	Enter the	Return Code for the return that this application is for (file	e a separa				0 1		
Form 990 or Form 990-EZ  Form 990-T (corporation)  O7  Form 990-BL  O2  Form 1041-A  O8  Form 4720 (individual)  O3  Form 4720 (individual)  O3  Form 4720 (individual)  O3  Form 4720 (other than individual)  O9  Form 990-FP  O4  Form 5227  D5  Form 6069  D6  Form 8870  THE ORGANIZATION  THE ORGANIZATION  THE ORGANIZATION  THE ORGANIZATION  Fax No.  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If equest an automatic 6-month extension of time until  NOVEMBER 16, 2020  It the organization named above. The extension is for the organization's return for:  NOVEMBER 16, 2020  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Jail this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Blance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions:  Jac South Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment with this Form		ion		• •					
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12  THE ORGANIZATION  The books are in the care of ▶ 5171 GLENWOOD AVENUE, NO 330 - RALEIGH, NC 27612-3266 Telephone No. ▶ (919)510-4599 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the organization named above. The extension is for the organization's return for:  I request an automatic 6-month extension of time until NOVEMBER 16, 2020 If the exempt organization return for the organization named above. The extension is for the organization's return for:  I trace an automatic 6-month extension of time until NOVEMBER 16, 2020 If the exempt organization return for the organization named above. The extension is for the organization's return for:  I trace an automatic 6-month extension of time until NOVEMBER 16, 2020 In the exempt organization return for the organization named above. The extension is for the organization's return for:  I trace an automatic 6-month extension of time until NOVEMBER 16, 2020 In this is for the exempt organization return for the organization named above. The extension is for the organization's return for:  I trace an automatic 6-month extension of time until NOVEMBER 16, 2020 In this is for the exempt organization return for:  I trace an automatic 6-month extension of time until NOVEMBER 16, 2020 In this is for the exempt organization return for:  I trace an automatic 6-month extension of time until NOVEMBER 16, 2020 In this is for the exempt organization return for:  I trace an automatic 6-month extension of tim									
Form 4720 (individual)  O3 Form 4720 (other than individual)  O9 Form 990-PF  O4 Form 5227  D5 Form 6069  D5 Form 6069  D6 Form 8870  THE ORGANIZATION  THE ORGANIZATION  The books are in the care of \$\int 5171 \text{ GLENWOOD AVENUE}\$, NO. 330 - RALEIGH, NC 27612-3266  Telephone No. \$\int (919) 510-4599  Fax No. \$\int (115) \text{ The organization does not have an office or place of business in the United States, check this box \$\int (115) \text{ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \$\int (115) \text{ If this is for the whole group, check this box \$\int (115) \text{ If this is for part of the group, check this box \$\int (115) \text{ and attach a list with the names and TINs of all members the extension is for.}  1 I request an automatic 6-month extension of time until \$\int (NOVEMBER 16, 2020)\$, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  \$\int X \text{ calendar year } \frac{2019}{2019}\$ or  \$\int (115) \text{ tax year entered in line 1 is for less than 12 months, check reason: Initial return \$\int (115) \text{ final return}\$  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$\int (115)  the supplication is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$\int (0.5) \text{ supplication is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment with this form in the first payment with this form in the first paymen				` ' '					
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Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  112  THE ORGANIZATION  The books are in the care of \$\infty\$ 5171 GLENWOOD AVENUE, NO. 330 - RALEIGH, NC 27612-3266  Telephone No. \$\infty\$ (919) 510-4599  Fax No. \$\infty\$  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  If this is for part of the group, check this box  If the organization named above. The extension is for the organization's return for:  NOVEMBER 16, 2020  If the exempt organization return for the organization named above. The extension is for the organization's return for:  The part of the group is a constant of the organization or the organization or the organization named above. The extension is for the organization's return for:  The tax year entered in line 1 is for less than 12 months, check reason:  Initial return  The part of the exempt organization return for:  The part of the group is a constant organization organization organization organization return for:  The part of the group is a constant organization		,		,		+			
THE ORGANIZATION  The books are in the care of ▶ 5171 GLENWOOD AVENUE, NO 330 - RALEIGH, NC 27612-3266  Telephone No.▶ (919)510-4599 Fax No.▶  If the organization does not have an office or place of business in the United States, check this box									
THE ORGANIZATION  • The books are in the care of ▶ 5171 GLENWOOD AVENUE, NO. 330 - RALEIGH, NC 27612-3266 Telephone No. ▶ (919)510-4599 Fax No. ▶  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.  1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2019 or  ▶ and ending , and ending and ending and ending and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.6  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.6  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.6  Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment									
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)