WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> THE SAND COUNTY FOUNDATION, INC. 131 W WILSON ST, NO. 610 MADISON, WI 53703-3243

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# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5513-800

Form **9990** (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.



AF	or the	e 2019 calendar year, or tax year beginning and	ending	_	
B c	Check if	e: C Name of organization		D Employer identifie	cation number
	Addre	THE SAND COUNTY FOUNDATION, INC.			
	Name Chang	e Doing business as		39-60894	50
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final return		610	608-663-	4605
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,655,172.
	Amen return	ded MADISON, WI 53703-3243		H(a) Is this a group re	eturn
	Applic tion			for subordinates	?
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
11	Tax-ex	empt status: 🗶 501(c)(3) 🛄 501(c) ( ) ◀ (insert no.) 🛄 4947(a)(1)	or 527	-	list. (see instructions)
J١	Nebsi	te: SANDCOUNTYFOUNDATION.ORG		H(c) Group exemption	n number 🕨
κF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1965 N	State of legal domicile: WI
	art I	Summary			
0	1	Briefly describe the organization's mission or most significant activities:	SAND C	OUNTY FOUND	ATION IS
nce		LASER FOCUSED ON ENABLING PRIVATE LANDOW	NERS 1	O REALIZE T	HEIR FULL
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
Ū		Number of independent voting members of the governing body (Part VI, line 1b)			11
es 6		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			18
Activities & Governance		Total number of volunteers (estimate if necessary)			16
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,962,674.	1,775,213.
'nu	9	Program service revenue (Part VIII, line 2g)		123,539.	209,514.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		368,739.	162,887.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,502.	5,393.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,480,454.	2,153,007.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		182,617.	206,478.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,344,989.	1,769,879.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		74,000.	24,750.
9 G		Total fundraising expenses (Part IX, column (D), line 25) <b>&gt;</b> 207, 0	82.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		706,351.	827,251.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,307,957.	2,828,358.
	19	Revenue less expenses. Subtract line 18 from line 12		172,497.	-675,351.
or				ginning of Current Year	End of Year
Net Assets ( Fund Balanc	20	Total assets (Part X, line 16)		9,365,875.	10,254,986.
dB	21	Total liabilities (Part X, line 26)		185,606.	154,733.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		9,180,269.	10,100,253.
		Signature Block			
Und	er pena	Ities of periury. I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	- the Mcalum		06.26.20			
Sign	Signature of officer		Date			
Here						
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature Y	Date Check PTIN			
Paid	YIGIT UCTUM, CPA		6/26/20 <sup>If</sup> P01269549			
Preparer	Firm's name <b>WEGNER CPAS</b> , LLP	<u>,</u>	Firm's EIN ► 39-0974031			
Use Only	Firm's address 2921 LANDMARK PL	STE 300				
	MADISON, WI 5371	.3-4236	Phone no. $608 - 274 - 4020$			
May the I	IRS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes N	lo		
932001 01-2	20-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (201	19)		
S	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT CONTINUATION			

		39-6089450	Pa
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: SAND COUNTY FOUNDATION'S MISSION IS TO INSPIRE AND ENABLE		
	NUMBER OF PRIVATE LANDOWNERS TO ETHICALLY MANAGE NATURAL THEIR CARE SO THAT FUTURE GENERATIONS HAVE CLEAN AND ABUN	NDANT WATEF	R,
	HEALTHY SOIL TO SUPPORT AGRICULTURE AND FORESTRY, PLENTIN	UL HABITAT	Г
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		s X
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Tes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	es.
	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
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 901,590. including grants of \$ 150,500.) (Revenue \$	6	
	LEOPOLD CONSERVATION AWARD THE LEOPOLD CONSERVATION AWA FARMERS, RANCHERS AND FORESTERS FOR ACHIEVEMENTS IN CONSE	A <mark>RD RECOGN</mark> ERVATION ON	
	WORKING LAND. WITH PROMINENT PARTNERS IN MANY STATES ACRO		
	THE FOUNDATION PRESENTS THE ANNUAL AWARDS IN SETTINGS THAT	AT SHOWCASE	5 1
	LANDOWNERS' CONSERVATION SUCCESS AMONG THEIR PEERS.		
	PROGRAM DEMONSTRATES LAND MANAGEMENT PRACTICES THAT PROTE WATER, UTILIZE THEM MORE EFFICIENTLY, AND MAXIMIZE THE EN BENEFITS AND PRODUCTIVE CAPACITY OF AGRICULTURAL SYSTEMS. ENSURE THAT CONSERVATION MEASURES ENHANCE THE LONG-TERM F AND RESILIENCE OF FARMS AND RANCHES.	NVIRONMENTA WE STRIVE	AL E 7
4c	(Code: ) (Expenses \$ 544,884. including grants of \$ 200.) (Revenue \$		,51
	CONSERVATION POLICY AND INFLUENCETHROUGH ITS CONSERVATI		<b>.</b> ~
	INITIATIVE, THE FOUNDATION USES SOME OF THE SAME PRINCIPI		
	BODY OF WORK TO BUILD AND SUPPORT ECOSYSTEM-SCALE SPECIES		
	MODELS THAT WILL ENGAGE, RESPECT AND INCENTIVIZE PRIVATE	LANDOWNERS	SA
	BUSINESSES; ADDRESS SPECIES DECLINE BEFORE AN ENDANGERED	SPECIES AC	СТ
	INTERVENTION; AND ENGENDER UNDERSTANDING AND SUPPORT FOR	BETTER HAE	BIJ
	ON PRIVATE LANDS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,111,960.		
		Form	990
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90	626 788028 10485.1AU01 2019.04000 THE SAND COUNTY FOUND	ATION, 104	85

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Part IV Checklist of Required Schedules

THE SAND COUNTY FOUNDATION, INC.

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ũ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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,		х	
h	Part VI	11a	<u>_</u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
5	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
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	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		19		х
202	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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	Form 990 (2	2019)	THE	SAND	COUNTY	FO
ĺ	Part IV	Checklist	of Require	d Scheo	dules (continu	ued)

			Yes	
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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			t
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Ī
	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		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
2 <b>.</b> Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		_
	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		-
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
	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		-
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	-
Par	Note: All Form 990 filers are required to complete Schedule O         t V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V	38	X	-
			Yes	-
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 52	2		Ī
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C	2		ļ
				1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		ł

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	<b>Ga</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?			x
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?			X
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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			
	Enter the amount of reserves on hand			v
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		<b> </b>
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
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Form 990	(2019)	)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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.

1a       Enter the number of volumg members of the governing body, of the governing body degraded broad subhorty to an executive committee or similar complete no.       1a       12         b       First the number of volumg members in budged on it is a labore, who are independent in.       1a       11         2       Dd any officiar, director, trustee, or key employee have a family relationship or a business relationship with any other officiar, director, trustee, or key employee have a family relationship or a business relationship with any other officiar, director, trustees, or key employee it as management duries customarily performed by or under the direct supervision of others, directors, trustee, or key employee it as management duries customarily performed by or under the direct supervision of blocks, directors, trustees, or key employee it as management duries customarily performed by or under the direct supervision of blocks, directors, trustees, or key employee it as governing duce undernation state states of a supervision duce members, stockholders, or or the presens who had the power to elect or appoint one or more members or stockholders, or or the presens who had the power to elect or appoint one or more members or the governing body?         b       D dh en organization have members, stockholders, or or the presens who had the power to elect or appoint one or more members or the governing body?       Bad by a supervision during address?       Bad by a supervision during address?         b       D dh en organization neares and addresses on Schedule O       ga X         b       Bad by a complex during address?       To be a complex during address?       To be a complex during address?       To be c			,		Yes	No
bety the deglated brad authority to an executive committee or similar committee, explain on Schedule 0.       b       1         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management dufies customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dufies customarily performed by or under the direct supervision of other organization delegate control over management dufies customarily performed by or under the direct supervision of the organization makes may significant charges to this governing documents since the prior Form 900 was filed?         3       Did the organization have members, stockholders?       6         4       Did the organization have members, stockholders?       7         5       Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or representation thave members, stockholders?       7         6       Did the organization have members, stockholders?       8       8         7       Did the organization contemporaneously document the meetings field or written actions undertaken during the year by the following:       8       8         8       Deporting body?       8       8       8       8       8         9       Is the organization have local chapters, branches, or affiliates?       10       10       10       10       10       10       10       1	1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12			
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KEVIN MCALEESE         -         608-663-4605           131 W WILSON ST, STE.         610, MADISON, WI         53703-3243						
KEVIN MCALEESE         608-663-4605           131 W WILSON ST, STE. 610, MADISON, WI         53703-3243           Form 990           6	20					
Form <b>990</b>						
6		131 W WILSON ST, STE. 610, MADISON, WI 53703-3243				
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ed
	Employees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)					npoi	iout	(D)	(E)	(F)
				Pos	<b>C)</b> ition					
Name and title	Average		not c	heck	more	than is bot		Reportable compensation	Reportable	Estimated amount of
	hours per week					or/trus		from	compensation from related	other
	(list any	tor						the	organizations	compensation
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	related	ee or	stee			nsate		(W-2/1099-MISC)	(	organization
	organizations	trust	al tru		yee	admo				and related
	below	Individual trustee or director	Institutional trustee	Ъ	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) LYNNE SHERROD	1.00									
CHAIRMAN		х		X				0.	0.	0.
(2) DAVID HANSON	1.00									
VICE CHAIRMAN/SECRETARY		х		x				0.	0.	0.
(3) REED COLEMAN	1.00									
CHAIRMAN EMERITUS		x		x				0.	0.	0.
(4) HOMER BUELL	1.00									
TREASURER	1.00	x		x				0.	0.	0.
(5) TINA BUFORD	1.00									
DIRECTOR		х						0.	0.	0.
(6) INGRID BURKE, PH.D.	1.00									
DIRECTOR		х						0.	0.	0.
(7) BRUCE KNIGHT	1.00									
DIRECTOR		х						0.	0.	Ο.
(8) EDWARD WARNER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) STANLEY TEMPLE, PH.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(10) NANCY DELONG	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KEVIN CONRAD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JOHN DUNCAN	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) BRENT HAGLUND PH.D.	32.00									
CHIEF SCIENTIFIC OFFICER		Х		Х				121,301.	0.	13,826.
(14) KEVIN MCALEESE	40.00									
PRESIDENT & CEO				Х				157,723.	0.	18,551.
(15) TIM MALE PH.D.	40.00									
EXECUTIVE DIRECTOR - EPIC						Х		119,450.	0.	5,207.
(16) LANCE IRVING	40.00									
LEOPOLD CONSERVATION AWARD PROGRAM D						Х		114,036.	0.	16,392.
(17) CHRISTINA SCHELLPFEFFER	40.00									
VICE PRESIDENT EXTERNAL RELATIONS						Х		127,453.	0.	13,440.
932007 01-20-20						_				Form <b>990</b> (2019)

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2019.04000 THE SAND COUNTY FOUNDATION, 10485\_11

Form 990		HE SAND	COUNTY	FC	NUC	IDA	T]	ION	I,	INC.	39-6	089	450	Pa	age <b>8</b>
Part VI	Section A. Officers, D	Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
	(A)		<b>(B)</b> Average			<b>(C</b> Posi	;)			(D)	(E)		Fai	(F)	. d
	Name and title		hours per week	box	not cl , unle:	heck r ss per	more rson i	than c is both or/trust	n an	Reportable compensation from	Reportable compensatio from related	on	am	timate ount other	
			(list any hours for	director				p		the organization	organizatior (W-2/1099-MI			oensa om th	
			related	Individual trustee or director	trustee		<b>a</b> )	Highest compensated employee		(W-2/1099-MISC)	(	,	orga	anizat	ion
			organizations below	d ual tru	Institutional trustee	-	Key employee	est com Dyee	er					l relat nizati	
			line)	Indivi	Institu	Officer	Keyer	Highe emplo	Former						
(18) YA-		EDIO	40.00					x		118,588.		0.	1.	55	лл
DIRECTOR	R OF BIODIVERSITY -	- EPIC								110,500.		0.	т.	,,,,	44.
															<u> </u>
	total al from continuation sh									758,551.		0.	8.	3,9	60. 0.
	al (add lines 1b and 1c)									758,551.		0.	83	3,9	60.
	al number of individuals (								o r	eceived more than \$100	,000 of reportab	le			
com	pensation from the orga	anization 🕨												Yes	6 No
3 Did	the organization list any	former officer,	director, trust	ee, I	key e	empl	oye	e, or	hig	phest compensated emp	oloyee on			103	
	1a? If "Yes," complete S												3		Х
	any individual listed on li related organizations gr										the organization		4	х	
	any person listed on line										idual for services	 S	-		
	dered to the organization		plete Schedul	e J f	or su	ıch p	oers	son .					5		Х
	B. Independent Contract nplete this table for your		mpensated in	dene	ende	ent co	ontr	racto	rs t	that received more than	\$100 000 of cor	npens	ation f	rom	
	organization. Report cor	-		-										•	
	Name	(A) e and business	address	N	ONE	5				<b>(B)</b> Description of s	ervices	С	(C omper		n
				111	5111	-									
									_						
									1						
2 Tota	al number of independen	t contractore (i	ncluding but r	not li	miter	d to	tho	co lic	ter	d above) who received a	ore than				
	0,000 of compensation f	-						)							
													Form <b>S</b>	990 (2	2019)

932008 01-20-20

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						UN'	FY FOUNE	DATION, INC	•	39-6089	450 Page 9
Pa	rt \	VII									
			Check if Schedule O c	contain	is a respo	nse c	or note to any li	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ts t	1	а	Federated campaigns		1a						
iran			Membership dues					1			
S, G			Fundraising events		···			-			
Sift: lar /								-			
imil imil			Government grants (contri				126,778.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, g similar amounts not included			1,0	648,435.				
nd O		g	Noncash contributions included in	lines 1a-	1f <b>1g</b> \$						
a Č		h	Total. Add lines 1a-1f					1,775,213.			
				0.11	DDDG	ļ	Business Code				
Program Service Revenue	2	a	PROGRAM SERVI	CE	FEES	_	541900	209,514.	209,514.		
Serv		b				_					
ven Sen		C				— r					
gra Re		d				-					
Pro		e f	All other program service r	rov opu		-					
			Total. Add lines 2a-2f			_		209,514.			
	3		Investment income (includ								
	ľ		other similar amounts)					163,141.			163,141.
	4		Income from investment o								
	5	;	Royalties		•	•	-				
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b				]			
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)								
	7	a	Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a 5	01,91	1.					
•		b	Less: cost or other basis			_					
evenue					02,16			_			
eve			( /	7c	-25			054			254
Ě			Net gain or (loss)				<b>&gt;</b>	-254.			-254.
Other	8	а	Gross income from fundraisin								
0			including \$								
			contributions reported on		-						
		Ŀ	Part IV, line 18			8a 8b		-			
			Net income or (loss) from f				<b></b>				
	a		Gross income from gaming								
	"	a	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from g				<b>&gt;</b>				
	10		Gross sales of inventory, le			Ē	····· F				
		-	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			<u>у</u>	►				
s							Business Code				
e 30U	11	а				_ [					
ane		b				_ [					
Seve		с									
Miscellaneous Revenue		d	All other revenue			[	900099	5,393.			5,393.
		е	Total. Add lines 11a-11d					5,393.		-	
	12	2	Total revenue. See instruction	ns			🕨	2,153,007.	209,514.	0.	168,280.
93200	9 01	1-20	-20								Form <b>990</b> (2019

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39-6089450

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	יטנמי פאטפיוספס	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	50,500.	50,500.		
2	Grants and other assistance to domestic	1	155 070		
	individuals. See Part IV, line 22	155,978.	155,978.		
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,	311,401.	234,718.	49,945.	26,738
-	trustees, and key employees	511,401.	234,/10.	49,945.	20,130
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	1,204,557.	012 600	188,828.	102,039
7	Other salaries and wages	т,404,33/.	913,690.	100,040.	102,039
8	Pension plan accruals and contributions (include	36,704.	27,666.	5,887.	2 1 5 1
~	section 401(k) and 403(b) employer contributions)	115,139.	86,786.	18,467.	3,151 9,886
9	Other employee benefits	102,078.	76,941.	16,372.	8,765
10	Payroll taxes	102,070.	70,941.	10,372.	0,705
11	Fees for services (nonemployees):				
	Management	24,500.		24,500.	
		60,637.		60,637.	
	Accounting	00,057.		00,037.	
	Lobbying Professional fundraising services. See Part IV, line 17	24,750.			24,750
		46,423.		46,423.	24,730
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	40,4230		40,4250	
g	column (A) amount, list line 11g expenses on Sch 0.)	275,452.	275,452.		
40	Advertising and promotion	275,452.	275,452.		
12 13	Office expenses	98,942.	76,873.	11,908.	10,161
13 14	Information technology	17,704.	10,175.	6,372.	1,157
1 <del>4</del> 15	Royalties				
16	Occupancy	114,759.	60,568.	45,861.	8,330
17	Travel	129,577.	102,815.	17,049.	9,713
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,747.	33,183.	12,924.	1,640
20	Interest	,			
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,715.	986.	617.	112
23	Insurance	9,795.	5,629.	3,526.	640
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					
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,828,358.	2,111,960.	509,316.	207,082
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)				

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Form **990** (2019)

Form 990 (2019)

THE SAND COUNTY FOUNDATION, INC.

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
	-				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			17,128.	1	17,161.
	2	Savings and temporary cash investments			582,998.	2	88,967.
	3	Pledges and grants receivable, net			537,013.	3	605,578.
	4	Accounts receivable, net			82,666.	4	91,269.
	5	Loans and other receivables from any current o	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
4	9	Prepaid expenses and deferred charges			18,425.	9	19,613.
	10a	Land, buildings, and equipment: cost or other		105 005			
		basis. Complete Part VI of Schedule D		105,007.	0 000		6 592
		Less: accumulated depreciation		98,434.	8,288.	10c	6,573
	11	Investments - publicly traded securities		5,093,013.		5,633,265	
	12	Investments - other securities. See Part IV, line	3,026,344.	12	3,792,560		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			9,365,875.	15	10,254,986.
	16	Total assets. Add lines 1 through 15 (must equ			125,606.	16	114,733
	17	Accounts payable and accrued expenses			60,000.	17 18	40,000
	18 19	Grants payable		10	40,000		
	20	Deferred revenue Tax-exempt bond liabilities			20		
	20	Escrow or custodial account liability. Complete				20	
ú	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa		F			
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			185,606.	26	154,733.
		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🔀			
lcei		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			6,002,334.	27	6,399,588
ΪB	28	Net assets with donor restrictions			3,177,935.	28	3,700,665
un		Organizations that do not follow FASB ASC 9					
г		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	0 100 000	31	
Ř	32	Total net assets or fund balances			9,180,269.	32	10,100,253
	33	Total liabilities and net assets/fund balances			9,365,875.	33	10,254,986

Form **990** (2019)

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Form	1990 (2019) THE SAND COUNTY FOUNDATION, INC.	39-6	089450	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,153		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,828		
3	Revenue less expenses. Subtract line 2 from line 1	3	-675		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,180		
5	Net unrealized gains (losses) on investments	5	1,595	5,3	35.
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	10,100	),2	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			·····	
				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				
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	d 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?		<b>2</b> b	X	<u> </u>
	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:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			37
	Act and OMB Circular A-133?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	<b>990</b> (	2019)

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SCHEDULE A	
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1	Form	990	or	990-EZ
1		550		

# 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.

OMB No. 1545-0047
2019
Open to Public Inspection

		nue Service		► Go to w		v/Form990 for instr				nformation.		Inspection
Nan	ne of	the organizati			J-						Employer	r identification numbe
		-	THE	SAND	COUNT	Y FOUNDATI	ON,	INC	•		3	9-6089450
Pa	rt I	Reason	for Public	Charity	<b>Status</b> (	All organizations mu	ist cor	nplete th	is part.) Se	ee instruction	S.	
The	orgar	nization is not a	a private found	dation bed	cause it is:	(For lines 1 through	12, ch	neck only	one box.)			
1		A church, co	nvention of ch	nurches, c	or associatio	on of churches desc	ribed	in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2		A school des	cribed in <b>sec</b> t	tion 170(b	o)(1)(A)(ii).	Attach Schedule E (	Form	990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital	service org	anization described	in sec	ction 170	(b)(1)(A)(i	ii).		
4		A medical res	search organiz	zation ope	erated in co	njunction with a hos	spital	described	d in <b>sectio</b>	on 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
		city, and stat	e:									
5		An organizati	on operated f	or the ber	nefit of a co	ollege or university o	wned	or operat	ted by a g	overnmental	unit descrik	oed in
		section 170	(b)(1)(A)(iv). ((	Complete	Part II.)							
6		A federal, sta	te, or local go	overnment	or governi	nental unit describe	d in <b>s</b> e	ection 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receive	es a substa	antial part of its supp	port fro	om a gov	ernmental	l unit or from	the general	public described in
		-	<b>b)(1)(A)(vi).</b> (C	-	-							
8						(1)(A)(vi). (Complete						
9						in section 170(b)(1						
			or a non-land-	grant colle	ege of agric	culture (see instruction	ons). I	nter the	name, city	y, and state c	of the colleg	je or
		university:			(4)							
10												and gross receipts from
				•			,	• • •				t from gross investmer
						e (less section 511 ta	ax) fro	m busine	sses acqu	lired by the o	rganization	after June 30, 1975.
11			<b>509(a)(2).</b> (Co	•	,	ively to test for publ	lic cof	oty Soor	soction 50	0(2)(4)		
12		0	0					-			arry out the	e purposes of one or
12		-	-	-		ed in section 509(a)		-			-	
						of supporting organiz						
а		7	•		• •	supervised, or contro			-		-	/ aivina
					-	gularly appoint or el		•				
			-		-	ections A and B.						
b				-		d or controlled in cor	nnecti	on with it	s support	ed organizati	on(s). bv ha	avina
						anization vested in t						
			-	-		Sections A and C.		·			•	
с						g organization opera	ated ir	n connect	tion with, a	and functiona	ally integrat	ed with,
		its support	ed organizatio	on(s) (see	instruction	s). <b>You must compl</b>	ete Pa	art IV, Se	ections A,	D, and E.		
d		Type III no	n-functionall	y integra	ted. A supp	oorting organization	opera	ted in co	nnection v	with its suppo	orted organ	ization(s)
		that is not f	functionally in	tegrated.	The organi	zation generally mus	st sati	sfy a disti	ribution re	quirement an	d an attent	iveness
	_	requiremen	it (see instruc	tions). <b>Yo</b>	u must coi	nplete Part IV, Sec	tions	A and D,	and Part	۷.		
е		Check this	box if the org	anization	received a	written determinatio	on fron	n the IRS	that it is a	а Туре I, Туре	e II, Type III	
						onally integrated sup	portir	ng organiz	zation.			
f	Ent	er the number	of supported	organizati	ions							
g						ed organization(s).		(iv) Is the orga	nization listed	(.) (	· · · · · · · · · · · · · · · · · · ·	
		<ul> <li>(i) Name of supp organizatior</li> </ul>		(1)	) EIN	(iii) Type of organizat (described on lines 1		n your governi	ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions
		organization	•			above (see instruction	ns))	Yes	No			
				1								
Tota	al											
										<u> </u>	/=	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

## Schedule A (Form 990 or 990-EZ) 2019 THE SAND COUNTY FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

39-6089450 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1526209.	1409392.	965,353.	1962674.	1775213.	7638841.
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	1526209.	1409392.	965,353.	1962674.	1775213.	7638841.
5	The portion of total contributions			-			
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1263744.
6	Public support. Subtract line 5 from line 4.						6375097.
	ction B. Total Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
	Amounts from line 4	1526209.	1409392.	965,353.	1962674.	1775213.	7638841.
	Gross income from interest,			-			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	150,380.	142,433.	141,203.	174,768.	163,141.	771,925.
9	Net income from unrelated business			-			
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8410766.
12		etc. (see instruction	ons)			12	945,164.
	First five years. If the Form 990 is for		,	d fourth or fifth ta	ax vear as a sectio		
	organization, check this box and <b>stor</b>	•			•		
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2019 (			olumn (f))		14	75.80 %
	Public support percentage from 2018					15	75.09 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2018. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire				• •		
18	Private foundation. If the organization		•		, <b>e</b>		
	<u>_</u>		, · -	. ,		dule A (Form 990	

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### Schedule A (Form 990 or 990-EZ) 2019 THE SAND COUNTY FOUNDATION, INC. 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.)

<u>Sect</u>	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 (	Gifts, grants, contributions, and						
	nembership fees received. (Do not						
i	nclude any "unusual grants.")						
r f a	Gross receipts from admissions, merchandise sold or services per- formed, 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						
4 1	Fax revenues levied for the organ-						
i	zation's benefit and either paid to						
c	or expended on its behalf						
5 1	The value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge						
6 1	Total. Add lines 1 through 5						
7a /	Amounts included on lines 1, 2, and						
	B received from disqualified persons						
fi	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				_		
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
C S	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
(	Inrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975						
11 N a V	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						
c a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	[					
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) org	ganization,
							▶∟
	tion C. Computation of Publ		-				
	Public support percentage for 2019 (I			column (f))		15	%
-	Public support percentage from 2018	,	,			16	%
	tion D. Computation of Investion						
	nvestment income percentage for <b>20</b>			ine 13, column (f))	)	17	%
	nvestment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the	-					ine 17 is not
	more than 33 1/3%, check this box a						▶∟
	33 1/3% support tests - 2018. If the	•					
	ine 18 is not more than 33 1/3%, che						
20 F	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t			
932023	09-25-19			15	Sch	edule A (Form	1 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# 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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 THE SAND COUNTY FOUNDATION, INC. Part IV Supporting Organizations (continued)

			Yes	No
44	Lies the exception accepted a gift or contribution from any of the following persons?		162	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		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	F		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		v	
			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 instr	uctions	s).	
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 <b>Part VI identify</b>			
	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
5	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	Oh		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 99	0 or 99	90-EZ)	2019

# Schedule A (Form 990 or 990 EZ) 2019 THE SAND COUNTY FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

# 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. All other Type III non-functionally integrated supporting organizations must complete Sections 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		
с	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-functional	y integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990 EZ) 2019 THE SAND COUNTY FOUNDATION, INC.

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	J
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	ne organization is responsive	9	
	(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			
Sect	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			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>    i</u>	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: \$			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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				D COUNTY					39450 Pag
	Part IV, Section	on A, lines 1, 2,	3b, 3c, 4b, 4	lc, 5a, 6, 9a, 9b,	9c, 11a, 11b,	and 11c;	Part IV, Sectio	line 17a or 17b; Part III, n B, lines 1 and 2; Part	IV, Section C,
	line 1; Part IV,	, Section D, line	es 2 and 3; Pa	art IV, Section E,	lines 1c, 2a, 2	2b, 3a, an	d 3b; Part V, lir	ne 1; Part V, Section B,	line 1e; Part V,
	Section D, line (See instruction	es 5, 6, and 8; ; ons.)	and Part V, S	ection E, lines 2,	5, and 6. Als	o complet	e this part for a	any additional information	on.
		/							
2028 09-25-1	9							Schedule A (Form 99	0 or 990-EZ)
					20				
90626	788028	10485.1	AU01	2019.040	00 THE	SAND	COUNTY	FOUNDATION,	10485

# Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

* *	PUBLIC	DISCLOSURE	COPY	*
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# 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

Internal Revenue Serv		
Name of the orga	nization	Employer identification number
	THE SAND COUNTY FOUNDATION, INC.	39-6089450
Organization ty	e (check one):	
Filers of:	Section:	
Form 990 or 990	EZ X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir ) from any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
section any one	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amo rm 990-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, to	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from al contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edu on 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)
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Name of organization

Employer identification number

39-6089450

# THE SAND COUNTY FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</u>	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
2		\$ <u>100,000.</u>	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
3		\$110,981.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
1-1		(c)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution         Person       X         Payroll          Noncash          (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
No. 4 (a) No.	Name, address, and ZIP + 4	Total contributions         \$       41,397.         (c)         Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for         (Complete Part II for       Image: Complete Part II for         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for
No. 4 (a) No. 5 (a)	(b) Name, address, and ZIP + 4	Total contributions         \$       41,397.         (c)       (c)         Total contributions       (c)         \$       243,180.         (c)       (c)         Total contributions       (c)         \$       80,000.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       (d)

Employer identification number

39-6089450

## THE SAND COUNTY FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 (a)	 	\$ <u>67,500.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$50,000.	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
9		\$45,013.	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
10		\$79,483.	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
		\$353,826.	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
923452 11-00	6-19	\$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)
	23		

Name of organization

Employer identification number

39-6089450

THE SAND COUNTY FOUNDATION, INC.

Part 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
		\$	
3453 11-06-19	24 028 10485.1AU01 2019.04000 THE	Schedule B (Form	990, 990-EZ, or 990-

	COUNTY FOUNDATION,		39-6089450
fro con	clusively religious, charitable, etc., contrib m any one contributor. Complete columns ( npleting Part III, enter the total of exclusively religious se duplicate copies of Part III if additiona	(a) through (e) and the following line s, charitable, etc., contributions of <b>\$1,000</b>	in section 501(c)(7), (8), or (10) that total more than \$1,000 e entry. For organizations o or less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
		(e) Transfer of g	gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
		(e) Transfer of g	-
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
Part I	(b) Furpose of grit	(c) Use of gift	
		(a) Twanafay of	
	Transferee's name, address,	(e) Transfer of g	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
		(e) Transfer of g	gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
454 11-06-19			Schedule B (Form 990, 990-EZ, or 99

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Employer identification number

Name of the organization

Par	THE SAND COUNTY FOUNDATION, INC.	39-6089450
		ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds (i	b) Funds and other accounts
1	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	
	are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
<u> </u>	impermissible private benefit?	
	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	rically important land area
	Protection of natural habitat	fied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Y
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
		0,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	►\$	5 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
-		S)(i)
	and section 170(b)(4)(B)(ii)?	
9	and section 170(h)(4)(B)(ii)?	Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	ment and
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	ment and
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.	nent and at describes the
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other S	nent and at describes the
Par	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S complete if the organization answered</b> "Yes" on Form 990, Part IV, line 8.	ment and at describes the Similar Assets.
Par	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of the organization elected and the organization elected.	Pres Yes International Similar Assets.
Par	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Statement is the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherary or the statement is the organization and the statement is the organization and the organization elected is permitted under FASB ASC 958, not to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherary or the statement is the organization of the organization of the statement is the organization of the organization of the organization of the statement is the organization of the organization of the statement is the organization of the organi	Pres Yes International Similar Assets.
Par 1a	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other statements</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	Yes     Yes     Annent and     Assets.     Annee sheet works     Annee of public
Par 1a	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements in balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Statements in the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance items.	Yes     Yes     Annotective     Yes     Yes     Yes     Annotective     Yes     Annotective     Yes     Yes     Annotective     Yes     Yes     Annotective     Yes     Y
Par 1a	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements the organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other S</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherau service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherau service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherau service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	Yes     Yes     Annotective     Yes     Yes     Yes     Annotective     Yes     Annotective     Yes     Annotective     Yes     Annotective     Yes     Annotective     Yes     Annotective     Yes     Yes     Annotective     Yes     Y
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other S</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard provide the following amounts relating to these items:	Yes     Yes     Yes     Annote and     Assets     Similar Assets.     ance sheet works     nce of public     e sheet works of     e of public service,
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other S</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherau service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherau service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherated provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	Yes     Yes     Provide the     Yes     Y
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Statement and balance if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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	Yes     Image: Similar Assets.       Similar Assets.       ance sheet works       ance of public       e sheet works of       e of public service,       \$
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements alance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheraus service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheraus service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	Yes     Image: Similar Assets.       Similar Assets.       ance sheet works       ance of public       e sheet works of       e of public service,       \$
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements alance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items: </b>	Yes nent and iat describes the Similar Assets. ance sheet works nce of public e sheet works of e of public service, \$ y provide
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements alance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheraus service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheraus service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	Yes nent and iat describes the Similar Assets. ance sheet works nce of public e sheet works of e of public service, \$ y provide
Par 1a b	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements alance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherard service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items: </b>	Yes  Nent and Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes

Sche		D COUNTY FO					89-60			age <b>2</b>			
Par	t III   Organizations Maintaining C							<b>ts</b> (contir	nued)				
3	Using the organization's acquisition, access	on, and other record	s, check any of t	ne following tha	at make s	ignificant ι	use of its						
	collection items (check all that apply):												
а	Public exhibition	d		xchange progr									
b													
С	c Preservation for future generations												
4	Provide a description of the organization's ca						se in Par	XIII.					
5													
Der								Yes		No			
Par	t IV Escrow and Custodial Arran		te if the organiza	tion answered	"Yes" on	Form 990,	, Part IV,	line 9, or					
	reported an amount on Form 990, Pa		· · · · · · · · · · · · · · · · · · ·			to a book and							
1a	Is the organization an agent, trustee, custod							] <b>X</b> ==		No			
<b>b</b>	on Form 990, Part X?						L	Yes		I NO			
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amount					
	Designing belonce					10		Amount					
	Beginning balance Additions during the year												
	Distributions during the year												
f	Ending balance												
	Did the organization include an amount on F							Yes		No			
	If "Yes," explain the arrangement in Part XIII.									]			
Par													
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ears back	(e) Four	years	back			
1a	Beginning of year balance	5,606,342.	6,175,19	6. 6,04	1,388.		L6,065.		,772,				
	Contributions					30	06,750.	3	,204,	007.			
	Net investment earnings, gains, and losses	1,253,620.	-251,58	5. 78	0,897.	22	23,255.		-60,	631.			
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs	336,626.	317,26	9. 64	7,089.	40	04,682.						
f	Administrative expenses												
g	End of year balance	6,523,336.	5,606,34	2. 6,17	5,196.	6,04	41,388.	5	,916,	065.			
2	Provide the estimated percentage of the cur		e (line 1g, colum	n (a)) held as:									
	Board designated or quasi-endowment	100.00	_%										
	Permanent endowment  . 00	%											
С	Term endowment  .00												
	The percentages on lines 2a, 2b, and 2c sho												
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are hel	d and administe	ered for th	he organiza	ation	г					
	by:								Yes	No			
	(i) Unrelated organizations							3a(i)		X			
	(ii) Related organizations							3a(ii)		X			
	If "Yes" on line 3a(ii), are the related organiza							3b					
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.										
Fai	Complete if the organization answere		Dort IV line 11	Soo Form 000		line 10							
		(a) Cost or ot	· · · · · · · · · · · · · · · · · · ·		· · ·				( volu				
	Description of property	basis (investm		ost or other is (other)		ccumulated		(d) Bool	k value	•			
10	Land				uep	. Solution							
	Land												
	Buildings Leasehold improvements												
	Equipment			.05,007.		98,43	34.		6,5	73.			
	Other					,			- , -				
	Add lines 1a through 1e. (Column (d) must e		X column (R) lin	e 10c)					6,5	73.			
1010		gaar on ooo, ratt				<u></u>	Schedule		-				
								- (- 0111					

932052 10-02-19

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Schedule D (Form 990) 2019 THE SAND CO	UNTY FOUNDATIO	ON, INC.	39-6089450 Page <b>3</b>
Part VII Investments - Other Securities.			×
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PREFERRED STOCK			
(B) INVESTMENT	70,000.	END-OF-YEAR	MARKET VALUE
(C) INVESTMENT IN LIMITED			
(D) PARTNERSHIP	3,472,421.		MARKET VALUE
(E) CASH	250,139.	END-OF-YEAR	MARKET VALUE
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,792,560.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part >	(, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part >	
(a)	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	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990	
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 X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ol>		-	

Schedule D	(Form	990)	2019

932053 10-02-19

Sche	edule D (Form 990) 2019 THE SAND COUNTY FOUNDATION,	INC	•	39-	6089450 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,820,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,595,335.		
b	Donated services and use of facilities	2b	118,138.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-46,423.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	1,667,050.
3	Subtract line 2e from line 1			3	2,153,007.
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			
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,153,007.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,900,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		110 100		
а	Donated services and use of facilities	2a	118,138.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				110 100
е	······································			2e	118,138.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,781,935.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		46 400		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,423.		
b	Others (Descentible in Dest )(III.)	4b			
D	Other (Describe in Part XIII.)	40			4.6 4.0.0
	Add lines <b>4a</b> and <b>4b</b>			4c	46,423.
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			4c 5	46,423. 2,828,358.
с 5 Ра	Add lines <b>4a</b> and <b>4b</b>			5	2,828,358.

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.

# PART V, LINE 4:

GENERAL ENDOWMENT FUND TO SUPPORT THE MISSION OF THE FOUNDATION.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES

-46,423.

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE G	3	Suppleme	ental Informa	tion Regard	ing Fund	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047		
(Form 990 or 990	)-EZ)						Part IV, line 17, 18, rm 990-EZ, line 6a.		or if the	2019		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										Open to Public Inspection		
Name of the organi	ization									entification number		
	<del></del>		ID COUNTY						39-6089			
		ng Activities complete this pa		organization an	iswered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not		
a X Mail so b X Interne c X Phone d X In-pers 2 a Did the organ	olicitation et and e solicita son soli nizatior	ons email solicitation ations citations n have a written	s or oral agreemen	e X Soli f X Soli g X Spe t with any individ	citation of citation of cial fundra dual (inclue	non-g gover ising ding o	fficers, directors, tru	istees				
<b>b</b> If "Yes," list t	the 10		ividuals or entitie		-		undraising services ements under which		X Yes			
(i) Name and a or entity			(ii)	Activity	(iii) fundr have cr or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ced in col. <b>(i)</b>	(vi) Amount paid to (or retained by organization		
MATTHEWS NONPR	OFIT		FUNDRAISING	CAMPAIGN	Yes	No						
CONSULTING, LL	JC – 5	0 GLEN	SUPPORT			X	0.		24,750.	. – 24 , 75		
Total									24,750,	-24,7		
	in whic	h the organizati	on is registered o	r licensed to sol	licit contrib	ution	s or has been notifie	d it is				
or licensing.												
PA,WI												
LHA For Paperwo						990-	EZ.	Schee	dule G (Form 9	990 or 990-EZ) 20		
	9 E E	PART IV	FOR CONT	TNOALTON	G							
932081 09-11-19					30							
90626 788	8028	10485.1	AU01 20	019.04000		SAI	ND COUNTY	FOU	NDATION	, 10485 1		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c)
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			<b>`</b>	
	10 11	1 , 3				
Pa		<b>III Gaming.</b> Complete if the organization				•
		\$15,000 on Form 990-EZ, line 6a.	1			1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
	2	Cash prizos				
Direct Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Het gaming meente cammary. Cabitact inte r			·····	•
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a 'No," explain:				
D		No," explain:				
		ere any of the organization's gaming licenses re 'Yes," explain:			year?	Yes No
D.						
93208	32 09	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 201
				21		
ar	۱ <i>ה</i> ۲	26 788028 10485.1AU01	2019 04000 0	31 THE SAND COUN		ON 10/95 11
	04	70 100070 T0401•TWOOT	2017.04000	TITE DATED COOL	TT LOONDALL	<u>ou, tofol_tt</u>

Sche	edule G (Form 990 or 990-EZ) 2019 THE SAND COUNTY FOUNDATION, INC. 39-6	089450	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ►\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
h	retain the state gaming license?	. L Yes	
a	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9,	9b, 10b,
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	.5:	
(I	) NAME OF FUNDRAISER: MATTHEWS NONPROFIT CONSULTING, LLC		
(I	) ADDRESS OF FUNDRAISER: 50 GLEN ARBOR WAY, FITCHBURG, WI 537	11-538	5
93208	33 09-11-19 Schedule G (Forn 32	ו 990 or 990	-EZ) 2019

Part IV	Suppler	nental Inf	formation (	continued	0							
										Schee	dule G (Fo	rm 990 or 9
2084 04-01-							33					
90626	78802	8 1048	5.1AU01	. 20	19.04	1000	THE	SAND	COUNTY	FOUNDA	TION,	10485

Schedule G (Form 990 or 990-EZ)

39-6089450 Page 4

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comple		Attach to For	m 990.			Open to Public Inspection
		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		•
Name of the organization THE SAND	COUNTY FO	UNDATION, I	INC.				Employer identification number $39-6089450$
Part I General Information on Grants a	and Assistance						
<b>1</b> Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	•			1 0	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		·		(e) Amount of	(f) Method of	(a) Description of	(h) Durpage of grant
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRINKER FARMS, INC. 1537 COUNTY RD 165 AUXVASSE, MO 65231	43-1178734		10,000.	0.			LEOPOLD CONSERVATION AWARD
CAESAR KLEBERG WILDLIFE RESEARCH 700 UNIVERSITY BLVD, MSC 218 KINGSVILLE, TX 78363	74-6001530		10,000.	0.			LEOPOLD CONSERVATION AWARD
DOUBLE C CATTLE CO., LLC PO BOX 70 SPRINGER, OK 73458	26-3910315		10,000.	0.			LEOPOLD CONSERVATION AWARD
MT-GLEN FARM 4156 WETONA RD COLUMBIA, PA 16914	25-1599835		10,000.	0.			LEOPOLD CONSERVATION AWARD
MIKE AND JULIE LIVINGSTON FARM 35726 CR HH STRATTON, CO 80836	84-1271547		10,000.	0.			LEOPOLD CONSERVATION AWARD
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>			ne line 1 table				<u>0.</u>

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

Schedule I (Form 990) (2019)

39-6089450

Page 2

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LEOPOLD CONSERVATION AWARDS	11	100,000.	0.		
OTHER CONSERVATION GRANTS	34	36,953.	0.		
AG CONSERVATION GRANTS	3	19,025.	0.		

**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 SAND COUNTY FOUNDATION REGULARLY MONITORS THE USE OF GRANT FUNDS BY

REVIEWING REPORTS SUBMITTED BY GRANT RECIPIENTS AND CONDUCTING SITE VISITS.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
•	-	Compensated Employees		ΖU	IJ	,
Dene	tment of the Treesury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	1	Employer id			mber
		THE SAND COUNTY FOUNDATION, INC.	39-6	08945	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations	committee			
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				A X
С		ceive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only assting 504/	(2) = 0.1(a)(4) and = 0.1(a)(20) argumentations much some late the set = 0.				
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	<b>a</b> n			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	ш			
~	contingent on the r			50		x
a L	Any related ergeni-	ation?		5a 5b		X
u		ation?		30		
6			on			
0	contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation bet earnings of:				
-				6a		x
		ation?				X
D.		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	s			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		/		
5		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
3		a 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	) 2019

932111 10-21-19

39-6089450

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	on prior Form 990
(1) KEVIN MCALEESE	(i)	147,723.	10,000.	0.		13,511.	176,274.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Page 3

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



THE SAND COUNTY FOUNDATION, INC.

39-6089450

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL AS CONSERVATIONISTS AND PROFITABLE STEWARDS OF THE NATURAL

RESOURCES IN THEIR CARE. THROUGH OUR PARTNERSHIPS AND INITIATIVES,

SAND COUNTY FOUNDATION'S WORK WILL ENSURE A FUTURE IN WHICH PRIVATE

LANDOWNERS HAVE THE INSPIRATION AND FREEDOM TO IMPROVE THE ENVIRONMENT

WHILE RESPONSIBLY PRODUCING FOOD AND FIBER FOR A GROWING POPULATION.

THE FOUNDATION'S WORK SUPPORTS PRIVATE INDIVIDUALS AND COMMUNITIES AS

PRIMARY AGENTS OF CONSERVATION AND LAND MANAGEMENT; REWARDS RESPONSIBLE

STEWARDS AND PROVIDES PUBLIC RECOGNITION FOR OUTSTANDING PRIVATE LAND

LEADERSHIP; FACILITATES THE EXCHANGE OF INFORMATION BETWEEN PRIVATE

INDIVIDUALS, SCIENTISTS, FUNDERS, AND POLICY MAKERS; REMOVES BARRIERS

AND CREATES MEANINGFUL INCENTIVES FOR LANDOWNERS WHO ENHANCE THE

ENVIRONMENT; AND CREATES ON THE LAND EXAMPLES OF ENVIRONMENTAL

IMPROVEMENT SUITABLE FOR REPLICATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR WILDLIFE AND OPPORTUNITIES FOR OUTDOOR RECREATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS SENT TO ALL DIRECTORS FOR REVIEW APPROXIMATELY ONE WEEK PRIOR TO FILING THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE SAND COUNTY FOUNDATION, INC.	Employer identification number $39-6089450$
BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND	REVIEW ACTUAL
CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM	PARTICIPATING IN
THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE T	RANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2016, THE FOUNDATION'S EXECUTIVE COMPENSATION COMMITTEE REVIEWED AN INDEPENDENT ANALYSIS OF COMPENSATION FOR ITS SENIOR LEADERSHIP POSITIONS. THE ANALYSIS EXAMINED COMPENSATION FOR COMPARABLE POSITIONS BASED ON CRITERIA OF GEOGRAPHY AND LEVELS OF RESPONSIBILITY. IT ALSO REVIEWED FIGURES FOR DIFFERING NON-PROFIT INSTITUTIONS WITHIN THE FOUNDATION'S REGION. THE COMMITTEE DELIBERATED ON THE INDEPENDENT EVALUATION'S INFORMATION AND THE COMMITEE AND THE GOVERNING BODY VOTED FOR RECOMMENDED COMPENSATION CONSISTENT WITH THE ANALYSIS'S FINDINGS. THE PRESIDENT'S COMPENSATION WAS EVALUATED IN 2019 IN COMPARISON TO COMPARABLE EXECUTIVE DIRECTORS OF SIMILAR ORGANIZATIONS AND WAS ADJUSTED BY ACTION OF THE GOVERNING BODY UPWARD TO BE MORE CONSISTENT WITH INDUSTRY AVERAGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST TO THE EXTENT APPROPRIATE. AUDITED ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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