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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Soonsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to cataly state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Α	For the	2009 calend	ar year,	or tax year beginning	January 1	, 2009,	and ending	Dec	ember 31	, 20	09
В	Check if a	applicable:	Please	C Name of organization				D Emp!	oyer identi	ification numbe	er
Ø	Address	change	use IRS label or	Nevada Association of	Conservation Districts			Ī	86-0	850958	
닏	Name ch	-	print or	Number and street (or P.O. I	box, if mail is not delivered to s	treet address)	Room/suite	E Telep	hone numb	er	
H	Initial ret Terminal		type. See	PO Box 443				ľ	775-7	54-2993	
H	Amende		Specific Instruc-	City or town, state or countr	y, and ZIP + 4			F Grou	ıp Exempl	tion	
П		ion pending	tions.	Eureka, NV 89316				•	iber ▶		
=	• Sec	tion 501(c)(3)	organia	rations and 4947(a)(1) no	nexempt charitable trusts	must attach	G Acco	ıntina Me	ethod: 🗸	Cash A	ccrual
			-	npleted Schedule A (Fon	-		l l	(specify)			
_										inization is no	nt .
, ,	Nebsi	ite: ▶							_	dule B (Form	
			check o	nly one) — 🔲 501(c) () ◀ (insert no.) ☐ 4947(a	a)(1) or 52	— ı ·	Z , or 990			,
	Check				(a)(3) supporting organization	~~ = 				than \$25,000	
			•		the organization chooses to	•	•	-			,,
	•				pts; if \$500,000 or more, file I				. \$		689.66
	art I				s in Net Assets or Fu						
	1			ts, grants, and similar a			<u> </u>		1		250.45
	2		_	_	mment fees and contrac				2		
	3	_							3	15	500.00
	4	Investmen	•						4		
	5a				than inventory	. 5a			-		
	b				nses				. 1		
	C			•	nan inventory (Subtract li		ine 5a)		5c		
9					arts of Schedule G) If any amo						
Revenue	a				of contribu	-		ا ت			
8	"	reported o		_		. 6a	l		.]		
<u> </u>	Ь	-		nses other than fundrais					i		
	1		-		and activities (Subtract I		lino Go)		6c		
	7a		-	•		1	line oaj		-		
	, р			-	d allowances	7a 7b			.		
	1		•		ory (Subtract line 7b fror	- تــــــــــــــــــــــــــــــــــــ			70		
	8	Other reve	-		ory (Subtract line 70 from	nine /a) .		• ;	7c 8	70	939.21
	9		•		c, 7c, and 8			— <u>'</u>	9		689.66
_	10				schedule)			•	10	2-44	003.00
	11					F====			11		
6	1	•							12		
Expenses	13			mpensation, and emplo	•		CEIVE		43	3(000.00
<u> </u>	14			utilities, and maintenan	independent contractor	5	PINE	D I	14		00.00
ă	15	•	• • •	•		P API		ارج	/15		412 12
_	16			ons, postage, and ship	,	. . . v	² 1 5 201	ં હિં	/16		413.12 979.80
	17			describe see attach	ea 6						392.92
	18				ine 17 from line 9)	_ UG r) S- A (JE 1	17 18		296.74
ets	19				ng of year (from line 27,	column (All	EN III	/	10		250.74
89				e reported on prior year		COMMITTERS)		Willi	40-		
Net Assets	000	-	-	• •	•			. –	19		
ž	20				nces (attach explanation				20		206.74
•	21 art				ar. Combine lines 18 throne 25, column (B) are \$1		more file Fo	. P	21		296.74
-	artii	Dalance	c onec	(See the instructions		,230,000 01		ginning of		(B) End of year	
~		anh na inna		· ·	•		/V/ De	<u> </u>			
2		ash, savings	•				·	249	37.14 22		233.88
2		and and build	_				:		23		
24		uner assets (uescnb				_, 	040	24		222 00
25		otal assets .					·	249	37.14 25		233.88
20		otal liabilitie ot assots or			ımn (B) must agree with	line 21)	_)	240	26 37 14 27		233.88

Part	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
	is the organization's primary exempt purpose?	conservation education				ired for section
	ribe what was achieved in carrying out the org					c)(3) and 501(c)(4) suzations and section
	er, describe the services provided, the number oprogram title.	of persons benefited, and o	other relevant info	mation for	4947	(a)(1) trusts; optional hers.)
28	Annual Meeting Education & Communication					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	6166.73
29	Meeting Attendance by officers (National, Regional	P C4-4-1		_		
	(Grants \$) If this amount	ıncludes foreign grants, ch	eck here	▶ □	29a	5524.06
	Scholarships for high school and college students (0)	CONTINUE		1200	3024.00
					}	
		includes foreign grants, ch	eck here	. ▶ 🗆	30a	2000.00
	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u>. ▶ U</u>	31a	289.01
oz Pari	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key				32 instru	13979.80
ıaıı	List of Officers, Directors, Trustees, and Re	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	
Patri	cia Griswold	•	G.1.0.1	delared compe	i Sauci i	Olici albwa ices
РО В	ox 456, Carlin, NV 89822	President 3	o		0	Actual
Barb	ara Periman-Whyman	Vice President 1			-	
1140	Vivian Lane, Incline Village, NV 89451	VICE FIESIGENT I	0	<u>.</u> .	0	Actual
	Griswold 	Representative 2				
	ox 456, Carlin, NV 89822		0		0	Actual
	rly Conley ox 111, Eureka, NV 89316	Secretary 5				
ГОВ	7A 111, Eureka, NV 05310		0		0	0
				-	-	-
		-				
				<u> </u>		
		1				
						
]			
			-			

			Y
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed _description of each activity	-33	_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	Ì
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	-
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	+-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	T
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		1
b	Did the organization file Form 1120-POL for this year?	37b	L
38a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		Į
39	Section 501(c)(7) organizations. Enter:	1	1
a	Initiation fees and capital contributions included on line 9	_	1
b	Gross receipts, included on line 9, for public use of club facilities		ı
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		ı
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		L
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1	l
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		ĺ
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		
	organization managers or disqualified persons during the year under sections 4912,		l
	4955, and 4958		ļ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	 	Ì
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Telephone no. ▶		
	Located at ► ZIP + 4 ►		
b	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		5
	account)?	42b	
	If "Yes," enter the name of the foreign country: ▶		Γ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year		_
			Y
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		
	Form 990-EZ	44	L
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	L	
		45	

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

rait	Section 501(c)(3) organizations and section 501(c)(3) organizations and section 4947(a)(and complete the tables for lines 50 and 51	(1) nonexemp	nonexent charitab	npt charitabl le trusts must	e trusts only. A answer questio	ns 40	tion 5-491	Э
46 -	Did the organization engage in direct or indirect polit	tical campaign	activities of	n behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schee	dule C, Part I				46		
47	Did the organization engage in lobbying activities? If '	"Yes," complet	e Schedule	C, Part II .		47		
48	Is the organization a school as described in section 170	O(b)(1)(A)(ii)? If "	Yes," comp	olete Schedule I	.	48		
49a	Did the organization make any transfers to an exempt	t non-charitable	e related or	ganization?.		49a		
b	If "Yes," was the related organization a section 527 or	rganization?				49b		
50	Complete this table for the organization's five highest	t compensated	employee	s (other than of	ficers, directors, t	ruste	es an	d ke
	employees) who each received more than \$100,000 of	of compensation			there is none, ent	er "N	one."	,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position] '	Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expensount a allowa	ขาต่
	Total number of other employees paid over \$100,000							
	Complete this table for the organization's five highe \$100,000 of compensation from the organization. If the compensation is the compensation of t				rs who each rece	eived	more	tha
	(a) Name and address of each independent contractor paid in	nore than \$100,000		(b) Typ	e of service	(c) Co	npensa	ation
				[1			
	· ·							
				<u> </u>				
		·						
				-				
	Table of the state		1100 000					
a	Total number of other independent contractors each	receiving over	\$100,000	▶				
	Under penalties of penjury, I declare that I have examined this and belief, it is true, correct, and complete. Declaration of pre	return, including a parer (other than o	ccompanying ficer) is based	schedules and state	ements, and to the bes of which preparer has a	t of my	knowl	edge e
Sign Here	Sugar Uns Musicia	ld 1			4-13-20)/S		
	TATRICIA ANN GRISCOLO Type or print name and title	d PR	tsiden		ate			
Paid	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's identifying num	tber (Se	 e instruc	tions)

EIN

Phone no. ▶

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number **Nevada Association of Conservation Districts** 0850958 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated **d** □ Type III–Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \Box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Νo (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes Total

Pa	Support Schedule for Org (Complete only if you chec	ganizations ked the box	Described in on line 5, 7, 6	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support			 			
-Ca	llendar year (or fiscal year beginning in)- ▶	- (a)-2005	- (b) -2006	(c) -2007-	(d) 2008	(e)-2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			: 			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	L			L		<u>L </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(3) 2000	(6) 2007	(u) 2000	(e) 2009	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 11	, column (f))		14	%
15	Public support percentage from 2008 Sci	hedule A, Part	ll, line 14 .			15	%
16a	33% % support test—2009. If the organization qualifies				line 14 is 331/3 9	% or more, che	eck this box
b	331/3 % support test—2008. If the organization qua	zation did not d ilifies as a publ	check a box on licly supported o	line 13 or 16a, organization .	and line 15 is 3	33% % or more	, check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum"	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate" Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, c organization qua	heck this box a lifies as a public	and stop here . Bly supported or	Explain in Part ganization	IV how the

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar-year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total grants. contributions. membership fees received. (Do not include 14400 12000 16600 15700 16750 75450 any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 9000 7000 6093 5825 6029 33947 organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 23400 19000 22693 21525 22779 109397 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b . . Public support (Subtract line 7c from 109397 line 6.) Section B. Total Support (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (f) Total 23400 19000 22693 21525 22779 109397 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 S 1 10 S

12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2000	900	1774	2214		1910		8798
13	Total support. (Add lines 9, 10c, 11, and 12.)	25400	19900	24467	23739		24689	11	8195
14	First five years. If the Form 990 is for organization, check this box and stop	_	on's first, secon		-	ear a	s a sectio	n 501(c)((3) □
Sec	tion C. Computation of Public Su	pport Percei	ntage						
15	Public support percentage for 2009 (lin	e 8. column (f) divided by lin	ne 13. column	(ft)	15		93	%
16	Public support percentage from 2008 S					16		91	%
Sec	tion D. Computation of Investmen						1		
17	Investment income percentage for 200	line 10c. col	lumn (f) divided	d by line 13. c	olumn (fl)	17			%
18	Investment income percentage from 20	•		•		18			%
19a	33% % support tests—2009. If the organization is not more than 33% %, check this b	anization did n	ot check the b	ox on line 14, a	and line 15 is n				
þ	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this								nd ▶ □
20_	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox an	d see insti	ructions	▶ □
					Scho	edule /	4 (Form 990	or 990-EZ	2009
					-				

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part III - Li	ne 12
The Nevac	la Association of Conservation Districts awards at least 2 scholarships per year.
Applicants	s fill out an application which includes an essay and leader/teacher recommendation
along with	transcripts. An agricultural field of study is encouraged and preferred but not required.
Recipients	s are chosen by a committee which is selected at the annual meeting.
At least 3	members are required on the committee.
Part IV - 2	2 Other Income
0-6-4	
2004 - \$3,0	nip auction proceeds: 2009 - \$1,910.00; 2008 -\$2,214.00; 2007 - \$1,773.50; 2006 - \$900.00; 2005 - \$2,000.00;
2004 - 45,0	331.00
	<u></u>

Form 990ez

Annual Meeting registration			6,025.00
Scholarship Auction & Raffle			1,910.00
Scholarship Account Interest			4.21
Other Revenue Total		· · · · · · · · · · · · · · · · · · ·	7,939.21
Part I - 16 Other Expenses			
Annual Meeting			
Annual Meeting Expense			\$ 6,166.73
Auction items			\$ 42.74
Poster Contest			
Poster Awards			\$ 200.00
Scholarships			
Scholarships Awarded			\$ 2,000.00
Meetings/Travel			\$ 5,524.06
NACD National Meeting	\$	1,713.60	
NACD Regional	\$	1,161.01	
NACD Summer Board Meeting	\$	2,214.87	
NvACD Regional Meetings	\$	80.30	
Nevada State Commission Meetings	\$	330.00	
Organization Meetings	_\$_	24.28	
Misc.			
Secretary of State- annual list			\$ 25.00
Fees			\$ 6.27
Domain Name Establishment			\$ 15.00
Fees			
Other Expenses Total			\$ 13,979.80