

Form  
**990**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
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**2017****Open to Public  
Inspection****A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

<b>C</b> Name of organization NATIONAL ASSOCIATION OF CONSERVATION DISTRICTS	<b>D</b> Employer identification number 74-1162773
Doing business as	
Number and street (or P O box if mail is not delivered to street address) 509 CAPITOL COURT NE	Room/suite
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002	

<b>E</b> Telephone number (202) 547-6223
<b>G</b> Gross receipts \$ 8,992,651

<b>F</b> Name and address of principal officer LEE MCDANIEL 509 CAPITOL COURT NE WASHINGTON, DC 20002
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**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ►

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ► (insert no)  4947(a)(1) or  527

**J Website:** ► WWW NACDNET.ORG

**K** Form of organization  Corporation  Trust  Association  Other ►

**L** Year of formation 1953

**M** State of legal domicile WI

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities THE GOALS OF THE ORGANIZATION ARE TO 1) REPRESENT DISTRICTS AS THEIR NATIONAL VOICE ON CONSERVATION ISSUES, 2) PROVIDE USEFUL INFORMATION TO CONSERVATION DISTRICTS AND THEIR STATE ASSOCIATIONS, 3) BUILD PARTNERSHIPS WITH FEDERAL AND STATE AGENCIES AND OTHER ORGANIZATIONS IN ORDER TO CARRY OUT DISTRICT PRIORITIES AND PROGRAMS, 4) ANALYZE PROGRAMS AND POLICY ISSUES THAT HAVE AN IMPACT ON LOCAL DISTRICTS, 5) OFFER NEEDED AND COST-EFFECTIVE SERVICES TO DISTRICTS		
<b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	70
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	70
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .	<b>5</b>	19
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0

<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	3,931,695	8,294,562
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		606,628
		630,596
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		18,452
		28,770
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,575
		24,273
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,555,200
		8,978,201

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	901,010	5,381,974
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,515,116
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► 0		0
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .		1,875,699
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,777,123
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		4,291,825
		8,839,946
		263,375
		138,255

<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	1,753,288	2,080,485
<b>21</b> Total liabilities (Part X, line 26) . . . . .		245,959
		436,563
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		1,507,329
		1,643,922

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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

**Sign  
Here**

Signature of officer	2019-08-15
JEREMY PETERS CHIEF EXECUTIVE OFFICER	Date
Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT E HALLBERG CPA	Preparer's signature SCOTT E HALLBERG CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01081188
	Firm's name ► CALIBRE CPA GROUP PLLC			Firm's EIN ► 47-0900880	
	Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814			Phone no (202) 331-9880	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SEE SCHEDULE O  
THE GOALS OF THE ORGANIZATION ARE TO 1) REPRESENT DISTRICTS AS THEIR NATIONAL VOICE ON CONSERVATION ISSUES, 2) PROVIDE USEFUL INFORMATION TO CONSERVATION DISTRICTS AND THEIR STATE ASSOCIATIONS, 3) BUILD PARTNERSHIPS WITH FEDERAL AND STATE AGENCIES AND OTHER ORGANIZATIONS IN ORDER TO CARRY OUT DISTRICT PRIORITIES AND PROGRAMS, 4) ANALYZE PROGRAMS AND POLICY ISSUES THAT HAVE AN IMPACT ON LOCAL DISTRICTS, 5) OFFER NEEDED AND COST-EFFECTIVE SERVICES TO DISTRICTS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 7,369,908 including grants of \$ 5,381,974 ) (Revenue \$ 8,071 )  
See Additional Data

**4b** (Code ) (Expenses \$ 458,345 including grants of \$ ) (Revenue \$ 625,201 )  
See Additional Data

**4c** (Code ) (Expenses \$ 528,109 including grants of \$ ) (Revenue \$ )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 215,271 including grants of \$ ) (Revenue \$ 26,424 )

**4e** **Total program service expenses ►** 8,571,633

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
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 XI	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

**Part IV Checklist of Required Schedules (continued)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**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 . . . . .  
**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 . . . . .  
**23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .

**24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  
**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  
**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  
**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**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 . . . . .  
**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 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  
**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  
**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	<b>Yes</b>	<b>No</b>
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>36</b>		No
<b>37</b>		No
<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	19	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . . . .	<b>2a</b>	19	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>		
<b>4a</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 account)? . . . . .	<b>4a</b>	No	
<b>b</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)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</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? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</b> 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? . . . . .	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12a</b>		
<b>12b</b>			
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	70	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	70	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	<b>12a</b>	Yes	
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12b</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12c</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>13</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>14</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>15</b>		
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization	<b>16a</b>		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<b>16b</b>		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ►JEREMY PETERS 509 CAPITOL COURT NE WASHINGTON, DC 20002 (202) 547-6223	

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table		Former	Highest compensated employee	Key employee	Officer	Individual trustee or director	

**1b Sub-Total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

---

441,43

1

42.98

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	No

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## Section B. Independent Contractors

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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>	1,019,825			
	<b>c</b> Fundraising events . . .	<b>1c</b>	71,466			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,100,423			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	102,848			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		71,466			
	<b>h Total.</b> Add lines 1a-1f . . . . .			8,294,562		
<b>Program Service Revenue</b>	<b>2a</b> MEETINGS	Business Code				
	<b>b</b> FRIENDS OF NACD	900099	625,201	625,201		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		630,596			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		28,770			28,770
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross rents	(i) Real	(ii) Personal				
<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)						
<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss) . . . . .						
<b>8a</b> Gross income from fundraising events (not including \$ 71,466 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0				
<b>b</b> Less direct expenses . . . . .	b	4,827				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-4,827		-4,827	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a	12,299				
<b>b</b> Less cost of goods sold . . . . .	b	9,623				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			2,676	2,676		
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER REVENUE	900099		26,424	26,424		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			26,424			
<b>12 Total revenue.</b> See Instructions . . . . .		8,978,201	659,696	0	23,943	

**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 response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,381,974	5,381,974		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	219,209	204,159	15,050	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,009,463	959,100	50,363	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,345	44,587	1,758	
9 Other employee benefits	300,528	288,590	11,938	
10 Payroll taxes	105,304	100,050	5,254	
11 Fees for services (non-employees)				
a Management				
b Legal	2,830	2,171	659	
c Accounting	55,082	42,264	12,818	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,208	3,229	979	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	251,975	193,340	58,635	
12 Advertising and promotion	11,890	11,834	56	
13 Office expenses	149,290	79,491	69,799	
14 Information technology	28,722	1,577	27,145	
15 Royalties				
16 Occupancy	16,818	16,165	653	
17 Travel	605,533	604,995	538	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	496,097	496,097		
20 Interest	809		809	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,341	44,540	1,801	
23 Insurance	28,396	27,292	1,104	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a TAXES	33,635	32,328	1,307	
b COMMUNICATIONS	24,328	24,264	64	
c SUBSCRIPTIONS AND DUES	20,010	12,427	7,583	
d STEWARDSHIP/EDUCATION	1,159	1,159		
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	8,839,946	8,571,633	268,313	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	262,046	1	219,333
	2 Savings and temporary cash investments	13,547	2	113,433
	3 Pledges and grants receivable, net	531,044	3	872,629
	4 Accounts receivable, net	56,178	4	5,597
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,366	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,134,790		
	b Less accumulated depreciation	10b 879,725	291,557	10c 255,065
	11 Investments—publicly traded securities		11	614,428
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets Add lines 1 through 15 (must equal line 34)	1,753,288	16	2,080,485
Liabilities	17 Accounts payable and accrued expenses	222,357	17	402,832
	18 Grants payable		18	
	19 Deferred revenue	23,602	19	33,731
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities Add lines 17 through 25	245,959	26	436,563
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	915,779	27	929,494
	28 Temporarily restricted net assets	116,692	28	239,570
	29 Permanently restricted net assets	474,858	29	474,858
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,507,329	33	1,643,922
	34 Total liabilities and net assets/fund balances	1,753,288	34	2,080,485

**Part 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	8,978,201
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,839,946
3	Revenue less expenses Subtract line 2 from line 1	3	138,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,507,329
5	Net unrealized gains (losses) on investments	5	-1,662
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,643,922

**Part 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	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b Were the organization's financial statements audited by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1162773

**Name:** NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Form 990 (2017)

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### Form 990, Part III, Line 4a:

SPECIAL PROJECTS - INCLUDED PURSUING RESEARCH, DEVELOPING AND PRODUCING PUBLICATIONS THAT ADDRESS NATURAL RESOURCE CONSERVATION AND RELATED ISSUES, ASSISTING STATE ASSOCIATIONS IN SECURING FINANCIAL AND TECHNICAL ASSISTANCE IN IMPLEMENTING LANDSCAPE SCALE PROJECTS THAT ADDRESS NATURAL RESOURCE CONCERN

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**Form 990, Part III, Line 4b:**

MEETING - FACILITATED THE EXCHANGE OF INFORMATION BY PROVIDING A FORUM FOR LEADERS TO LEARN ABOUT, DISCUSS, PARTICIPATE IN, AND INFLUENCE THE "POWER OF CONSERVATION"

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**Form 990, Part III, Line 4c:**

MEMBERSHIP SERVICES - PROVIDED INFORMATION ON CONSERVATION ISSUES TO SHARE WITH THE PUBLIC

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# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 215,271 Including grants of \$ ) (Revenue \$ )

GOVERNMENT AFFAIRS - EDUCATE MEMBERS OF CONGRESS AND STAFF ABOUT KEY CONSERVATION ISSUES AND HELP DEVELOP AND REVIEW LEGISLATION SUCH AS THE FARM BILL AND THE CLEAN WATER ACT

(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ 26,424 )

OTHER PROGRAM SERVICE REVENUE INCLUDES REIMBURSEMENT INCOME

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
		Officer	Individual trustee	Institutional trustee	Key employee	Honoraria	Hired compensated consultant	Fiduciary						
BRENT VAN DYKE PRESIDENT	10 00 .....	X		X						16,875	0	0		
TIM PALMER PRESIDENT-ELECT	2 00 .....	X		X						0	0	0		
MICHAEL CROWDER SECOND VICE PRESIDENT	2 00 .....	X		X						0	0	0		
KIM LAFLEUR SECRETARY-TREASURER	2 00 .....	X		X						0	0	0		
CAL STEUART EXECUTIVE BOARD	2 00 .....	X								0	0	0		
BEVIN LAW EXECUTIVE BOARD	2 00 .....	X								0	0	0		
IAN CUNNINGHAM EXECUTIVE BOARD	2 00 .....	X								0	0	0		
JIM HARRELD EXECUTIVE BOARD	2 00 .....	X								0	0	0		
BILL THOMAS EXECUTIVE BOARD	2 00 .....	X								0	0	0		
GARY MOYER EXECUTIVE BOARD	2 00 .....	X								0	0	0		

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Director or trustee	Individual Trustee	Officer	Key Employee	Highest compensated Employee	Former			
WADE TROUTMAN ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
LUTHER SMITH ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
DENISE SAVAGEAU ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
EMILY JAVENS ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
ORVAL GIGSTAD ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
JULE RICHMOND ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
KEVIN JEFFRIES ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
BOB BARRY ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
KIT TILLOTSON ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
ALEX SCHMIDT ..... BOARD MEMBER	2 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key employee	Non-employee compensation	Highest compensation	Former				
ANDREW JACKSON ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
ARTHUR PELON ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
BARBARA PERLMAN-WHYMAN ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
DENISE SAVAGEAU ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
CAROL KNIGHT ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
CLIFFORD LANE ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
DAN FARRAND ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
DANIELLE MELEAH ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
DANNY HOGAN ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
DONAVON TAVES ..... BOARD MEMBER	2 00 .....	X					0	0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key employee	Non-employee compensation	Highest compensated	Former				
DOUG RUSHTON ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
EDWARD DELEON GUERRERO ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
EDWIN ALEXANDER ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
FRANCES FRITZ ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
FRANK RICHARDSON ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
FRANKLIN WILLIAMS ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
GARY BLAIR ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
GLENN HARRIS ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
JIM BERLIER ..... BOARD MEMBER	2 00 .....	X					0	0	0	0
JIMMY EMMONS ..... BOARD MEMBER	2 00 .....	X					0	0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or individual trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated	Employee			
JOE GUMM	2 00									
BOARD MEMBER	.....	X						0	0	0
JOE SMITH	2 00									
BOARD MEMBER	.....	X						0	0	0
JOHN PETERSON	2 00									
BOARD MEMBER	.....	X						0	0	0
JOHN SCHIRACK	2 00									
BOARD MEMBER	.....	X						0	0	0
JOSEPH LOMAX	2 00									
BOARD MEMBER	.....	X						0	0	0
KURT BECKSTROM	2 00									
BOARD MEMBER	.....	X						0	0	0
LINDA BROWNSTON	2 00									
BOARD MEMBER	.....	X						0	0	0
LINDA CORSE	2 00									
BOARD MEMBER	.....	X						0	0	0
MARC ROBERTS	2 00									
BOARD MEMBER	.....	X						0	0	0
MARK SAELENS	2 00									
BOARD MEMBER	.....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Officer	Key Employee	Honoraria and Compensation	Honoraria and Compensation	Fringe						
RYAN BRITT	2 00											
BOARD MEMBER	.....	X							0	0	0	
SHAUN SIMS	2 00											
BOARD MEMBER	.....	X							0	0	0	
STERLING SADLER	2 00											
BOARD MEMBER	.....	X							0	0	0	
STEVE HEDSTROM	2 00											
BOARD MEMBER	.....	X							0	0	0	
STEVE STIERWALT	2 00											
BOARD MEMBER	.....	X							0	0	0	
STEVEN BECKER	2 00											
BOARD MEMBER	.....	X							0	0	0	
THOMAS TARO	2 00											
BOARD MEMBER	.....	X							0	0	0	
TOM WEHRI	2 00											
BOARD MEMBER	.....	X							0	0	0	
WILLIAM DUNN	2 00											
BOARD MEMBER	.....	X							0	0	0	
WILLIAM SIMSHAUSER	2 00											
BOARD MEMBER	.....	X							0	0	0	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Highest Compensated	Foun der					
JOHN FINCH ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KIT TILLOTSON ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KARL JENSEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KEITH BARTHOLOMAY ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KELLY STAGEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KELLY STOCKTON ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KENNY MULLIS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KRIS SWARTZ ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
LARRY WRIGHT ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
MAE NAKAHATA ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Highest Compensated	Foun der					
MARTHA D MANLEY ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
MICHELLE GREEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
PAUL DOLAN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
PAUL WILLIAMS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
PETE HUNTER ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
PORTIA FRANZ ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
RAYMOND CALVO ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
RICKEY JAMES ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ROGER WINNING ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ROLAND HILL ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Official	Key employee	Highest compensated employee	Former			
LEE MCDANIEL	10 00				X				0	0
..... IMMEDIATE PAST PRESIDENT	.....								0	0
JEREMY PETERS	2 00				X					
..... CHIEF EXECUTIVE OFFICER	.....							170,870	0	15,863
RICHARD L DUESTERHAUS	40 00					X			0	7,206
..... DIRECTOR OF PROJECTS AND PARTNERSHIPS	.....							152,295	0	
DEBRA A BOGAR	40 00					X			0	19,914
..... SENIOR ADVISOR	.....							101,395	0	

**SCHEDULE A**  
(Form 990 or  
990EZ)**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS**Employer identification number**

74-1162773

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.			Cat No 11285F			Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

**Section A. Public Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	1,931,874	2,222,127	4,849,483	3,931,695	8,294,562	21,229,741
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	<b>Total.</b> Add lines 1 through 3	1,931,874	2,222,127	4,849,483	3,931,695	8,294,562	21,229,741
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	<b>Public support.</b> Subtract line 5 from line 4						21,229,741

**Section B. Total Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
7	Amounts from line 4	1,931,874	2,222,127	4,849,483	3,931,695	8,294,562	21,229,741
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,564	34,099	22,971	18,452	28,770	117,856
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,287	5,787			26,424	34,498
11	<b>Total support.</b> Add lines 7 through 10						21,382,095
12	Gross receipts from related activities, etc (see instructions)					12	3,136,112

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99 290 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99 200 %
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

	<b>Yes</b>	<b>No</b>
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
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 <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
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 <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a	
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)	10b	

**Part IV Supporting Organizations (continued)**

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** 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?

**b** A family member of a person described in (a) above?

**c** 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

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

**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

**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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

**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?

**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)

**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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

**a**  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

**c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2a		
2b		
3a		
3b		

**3 Parent of Supported Organizations Answer (a) and (b) below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

**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 **Part VI** the role played by the organization in this regard

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2017</b>
		<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions	
<b>3</b>	Excess distributions carryover, if any, to 2017	
<b>a</b>		
<b>b</b>	From 2013. . . . .	
<b>c</b>	From 2014. . . . .	
<b>d</b>	From 2015. . . . .	
<b>e</b>	From 2016. . . . .	
<b>f</b>	<b>Total</b> of lines 3a through e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2017 distributable amount	
<b>i</b>	Carryover from 2012 not applied (see instructions)	
<b>j</b>	Remainder Subtract lines 3g, 3h, and 3i from 3f	
<b>4</b>	Distributions for 2017 from Section D, line 7 \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2017 distributable amount	
<b>c</b>	Remainder Subtract lines 4a and 4b from 4	
<b>5</b>	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions	
<b>6</b>	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions	
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c	
<b>8</b>	Breakdown of line 7	
<b>a</b>	Excess from 2013. . . . .	
<b>b</b>	Excess from 2014. . . . .	
<b>c</b>	Excess from 2015. . . . .	
<b>d</b>	Excess from 2016. . . . .	
<b>e</b>	Excess from 2017. . . . .	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1162773

**Name:** NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Schedule A (Form 990 or 990-EZ) 2017

Page **8**

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTSEmployer identification number  
74-1162773**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

4a Was a correction made?  Yes  No

b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ►  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	15,307	
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	15,307	
<b>d</b>	Other exempt purpose expenditures	8,801,246	
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	8,816,553	
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	590,828	
<b>If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:</b>			
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	147,707	
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0	
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0	
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	294,880	471,207	343,166	590,828	1,700,081
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,550,122
<b>c</b> Total lobbying expenditures	2,249	1,611	9,063	15,307	28,230
<b>d</b> Grassroots nontaxable amount	73,720	99,052	85,792	147,707	406,271
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					609,407
<b>f</b> Grassroots lobbying expenditures	2,249	1,611	9,063	15,307	28,230

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a Volunteers?

b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c Media advertisements?

d Mailings to members, legislators, or the public?

e Publications, or published or broadcast statements?

f Grants to other organizations for lobbying purposes?

g Direct contact with legislators, their staffs, government officials, or a legislative body?

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i Other activities?

j Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b If "Yes," enter the amount of any tax incurred under section 4912

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)	
	Yes	No	Amount	
1				
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
2a				
b				
c				
d				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes	No
1	
2	
3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a Current year

b Carryover from last year

c Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
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2017

Open to Public  
InspectionSCHEDULE D  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> NATIONAL ASSOCIATION OF CONSERVATION DISTRICTS	<b>Employer identification number</b> 74-1162773
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<b>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	<b>(a) Donor advised funds</b>	<b>(b) Funds and other accounts</b>
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<b>Held at the End of the Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 organization 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  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	591,550	538,996	514,496	565,292	574,895
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	27,108	55,243	29,684	-2,796	44,872
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	4,230	2,689	-5,184	48,000	54,475
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	614,428	591,550	538,996	514,496	565,292

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ► 77 290 %

c Temporarily restricted endowment ► 22 720 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		1,008,633	753,797	254,836
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		126,157	125,928	229
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►				255,065

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	►	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	►	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	►

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	►

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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	9,030,167
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-1,662
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	48,801
e	Add lines 2a through 2d . . . . .	2e	47,139
3	Subtract line 2e from line 1 . . . . .	3	8,983,028
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	-4,827
c	Add lines 4a and 4b . . . . .	4c	-4,827
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	8,978,201

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	8,844,773
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	4,827
e	Add lines 2a through 2d . . . . .	2e	4,827
3	Subtract line 2e from line 1 . . . . .	3	8,839,946
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	8,839,946

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1162773

**Name:** NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS REPRESENT CONTRIBUTIONS RECEIVED FROM DONORS TO BE HELD IN PERPETUITY AND THE RESULTING INVESTMENT INCOME USED TO SUPPORT GENERAL OPERATIONS OF THE ASSOCIATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF ITS UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS UNDER CURRENT STANDARDS

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME OF CONSOLIDATED AFFILIATE 48,801

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON PART VIII -4,827

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON PART VIII 4,827

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number

74-1162773

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**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>LIVE AUCTION</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	71,466			71,466
2 Less Contributions . . . . .	71,466			71,466
3 Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	4,827			4,827
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				4,827
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				-4,827

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

**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  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	13a	%
<b>b</b>	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 ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** 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

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number

74-1162773

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

 Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

159

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE ESTABLISHED PROCEDURES ARE OUTLINED IN THE REQUEST FOR PROPOSAL EACH ORGANIZATION SIGNED A COMPLIANCE AGREEMENT REPORTS ARE REQUIRED QUARTERLY

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1162773

**Name:** NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADIA SWCD PO BOX 1935 CROWLEY, LA 70526	72-6009570	501(C)(3)	38,000				TECHNICAL ASSISTANCE
ADAMS 807 NE MAIN ST B WEST UNION, OH 45693	31-0953418	501(C)(3)	5,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
ALLEN CO SWCD 3718 NEW VISION DRIVE FORT WAYNE, IN 46845	35-1188278	501(C)(3)	20,500				TECHNICAL ASSISTANCE
AMADOR COUNTY RCD 12200-B AIRPORT RD JACKSON, CA 95642	94-6000505	501(C)(3)	65,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APACHE NRCD 823 E MAIN STREET PO BOX 329 SPRINGERVILLE, AZ 85938	86-0941765	501(C)(3)	35,000				TECHNICAL ASSISTANCE
ARKANSAS ASSOCIATION OF CONSERVATION DISTRICTS 4004 MCCAIN BLVD STE 201-B NORTH LITTLE ROCK, AR 72156	71-0561031	501(C)(3)	20,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS ASSOCIATION OF RC&D COUNCILS 2058 HIGHWAY 95 SOLGOHACHIA, AR 72156	58-1755213	501(C)(3)	65,000				TECHNICAL ASSISTANCE
BARBOUR SWCD 18 NERN STREET LAYTON, AL 36016	63-0573517	501(C)(3)	30,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
BARNWELL SWCD 100 FULDNER RD BARNWELL, SC 29812	57-0462772	501(C)(3)	19,000				TECHNICAL ASSISTANCE
BECKER SWCD 809 8TH ST SE DETROIT LAKES, MN 56501	41-0994150	501(C)(3)	77,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
BENEWAH SWCD PO BOX 488 900 E STREET PLUMMER, ID 83851	82-6001638	501(C)(3)	25,000		TECHNICAL ASSISTANCE		
BIG SANDY NRCD 10437 S HWY 93 KINGMAN, AZ 86401	47-2182104	501(C)(3)	46,000		TECHNICAL ASSISTANCE		

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG THOMPSON PO BOX 441 BERTHOUD, CO 80513	84-6000147	501(C)(3)	32,000			TECHNICAL ASSISTANCE	
BLACKFEET TRIBAL CONSERVATION DISTRICT PO BOX 850 BROWNING, MT 59417	81-0212955	501(C)(3)	25,000			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLOUNT COUNTY SOIL CONSERVATION DISTRICT 221 COURT STREET MARYVILLE, TN 37804	62-1036788	501(C)(3)	36,000			TECHNICAL ASSISTANCE	
BROADWATER CONSERVATION DISTRICT 415 SOUTH FRONT ST TOWNSEND, MT 59644	81-0362187	501(C)(3)	9,687			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
BROWN COUNTY SWCD 706 SOUTH MAIN STREET GEORGETOWN, OH 45121	34-1470492	501(C)(3)	5,000				TECHNICAL ASSISTANCE
BRUNEAU RIVER SOIL CONSERVATION DISTRICT PO BOX 590 BRUNEAU, ID 83604	81-0306100	501(C)(3)	29,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUENA VISTA POCOHONTAS CHEROKEE SWCD 1617 N LAKE AVENUE STORM LAKE, IA 50588	42-6270071	501(C)(3)	40,000			TECHNICAL ASSISTANCE	
BUTTE SWCD PO BOX 819 ARCO, IN 83212	82-0233828	501(C)(3)	36,500			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPE ATLANTIC 6260 OLD HARDING HIGHWAY MAYS LANDING, NJ 08330	22-6204833	501(C)(3)	29,000				TECHNICAL ASSISTANCE
CARIBE SCD PLAZA JUANA DIAZ MALL OFFICE B-19 JUANA DIAZ, PR 00795	66-0222560	501(C)(3)	130,800				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
CARLTON SWCD 808 3RD STREET CARLTON, MN 55718	41-1710300	501(C)(3)	20,000				TECHNICAL ASSISTANCE
CARROLL CD 909 C FREEMAN SWITCH RD BERRYVILLE, AR 72616	71-0395182	501(C)(3)	15,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
CARROLL SWCD 1405 HWY 65 N SUITE C CARROLTON, MO 64633	23-7039295	501(C)(3)	26,000				TECHNICAL ASSISTANCE
CEDAR SWCD BOX 47 21 NORTH MAIN SELFRIIDGE, ND 58568	45-0273320	501(C)(3)	15,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHESTER COUNTY CONSERVATION DISTRICT 688 UNIONVILLE RD SUITE 200 KENNET SQUARE, PA 19348	23-1703039	501(C)(3)	53,500				TECHNICAL ASSISTANCE
CHOUTEAU CD 1210 25TH STREET PO BOX 309 FORT BENTON, MT 59442	81-6012786	501(C)(3)	14,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
CLAIBORNE SCD 2178 HWY 25E SUITE 2 TAZEWELL, TN 37879	62-1030389	501(C)(3)	8,364			TECHNICAL ASSISTANCE	
CLARENDON SOIL AND WATER CONSERVATION 13 W RIGBY STREET MANNING, SC 29102	57-6012786	501(C)(3)	10,000			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
CLARKE COUNTY SWCD 709 FURNAS DRIVE SUITE 3 OSCEOLA, IA 50213	90-0201430	501(C)(3)	28,000				TECHNICAL ASSISTANCE
COAHOMA COUNTY SWCD 2655 NORTH STATE ST ROOM 103 CLARKSDALE, MS 38614	64-0465433	501(C)(3)	20,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONNECTICUT RIVER COASTAL CD 27 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0733567	501(C)(3)	54,000			TECHNICAL ASSISTANCE	
COPE CONSERVATION DISTRICT PO BOX U AKRON, CO 80815	84-0659596	501(C)(3)	14,723			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
COTTONWOOD SWCD 339 9TH STREET WINDOM, MN 56101	41-1353312	501(C)(3)	70,000			TECHNICAL ASSISTANCE	
CUMBERLAND COUNTY SWCD 35 MAIN STREET SUITE 3 WINDHAM, ME 04062	01-0318050	501(C)(3)	53,000			TECHNICAL ASSISTANCE	

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DANE COUNTY LAND CONSERVATION DEPARTMENT 5201 FEN OAK DRIVE ROOM 208 MADISON, WI 53718	39-6005684	501(C)(3)	15,000				TECHNICAL ASSISTANCE
DELTA CONSERVATION DISTRICT 690 INDUSTRIAL BLVD DELTA, CO 81416	84-6010950	501(C)(3)	27,500				TECHNICAL ASSISTANCE

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DESCHUTES SWCD 18602 COUCH MARKET RD BEND, OR 97703	93-1140742	501(C)(3)	86,000				TECHNICAL ASSISTANCE
DEWITT COUNTY SWCD 5920 REVERE RD CLINTON, IL 61727	37-0810360	501(C)(3)	20,000				TECHNICAL ASSISTANCE

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DORCHESTER SCD 204 CEDAR STREET SUITE 300 CAMBRIDGE, MD 21613	52-1253950	501(C)(3)	30,500			TECHNICAL ASSISTANCE	
DUBOIS COUNTY SWCD 1486 EXECUTIVE BLVD SUITE A JASPER, IN 47546	35-2257821	501(C)(3)	20,975			TECHNICAL ASSISTANCE	

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DUBUQUE COUNTY SWCD 210 BIERMAN RD EPWORTH, IA 52045	42-1187927	501(C)(3)	23,000				TECHNICAL ASSISTANCE
DUNN COUNTY LAND AND WATER CONSERVATION 800 WILSON AVE ROOM 330 MENOMONIE, WI 54751	39-6005690	501(C)(3)	30,000				TECHNICAL ASSISTANCE

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DUPLIN SWCD 165 AGRICULTURE DRIVE SUITE B KENANSVILLE, NC 28349	56-6000296	501(C)(3)	15,000				TECHNICAL ASSISTANCE
FAIRBANKS SWCD 590 UNIVERSITY AVE SUITE 2 FAIRBANKS, AK 99709	26-2182239	501(C)(3)	15,000				TECHNICAL ASSISTANCE

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FLEMING SWCD 74 BYRON WAY SUITE B FLEMINGSBURG, KY 41041	61-6002891	501(C)(3)	25,000				TECHNICAL ASSISTANCE
FULTON COUNTY CONSERVATION DISTRICT PO BOX 335 SALEM, AR 72576	71-0565522	501(C)(3)	32,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GENEVA COUNTY SWCD 1706 W MAGNOLIA AVE GENEVA, AL 36340	63-0483860	501(C)(3)	40,000				TECHNICAL ASSISTANCE
GEORGIA ASSOCIATION OF CD'S 8207 GA HWY 37 CAMILIA, GA 31730	58-2539935	501(C)(3)	110,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GILIAM SWCD PO BOX 106 CONDON, OR 97823	93-0974555	501(C)(3)	27,000			TECHNICAL ASSISTANCE
GLENN COUNTY RCD 132 N ENRIGHT AVE SUITE C WILLOWS, CA 95988	68-0457187	501(C)(3)	67,000			TECHNICAL ASSISTANCE

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GOLDEN SANDS RC&D COUNCIL INC 1100 MAIN STREET SUITE 150 STEVENS POINT, WI 54481	39-1451323	501(C)(3)	10,000			TECHNICAL ASSISTANCE	
GRANT COUNTY CONSERVATION DISTRICT 1107 S JUNIPER DR MOSES LAKE, WA 98837	75-3182146	501(C)(3)	69,335			TECHNICAL ASSISTANCE	

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GRANT COUNTY LAND AND WATER CONSERVATION DISTRICT 150 W ALONE LN LANCASTER, WI 53813	39-6005698	501(C)(3)	15,000				TECHNICAL ASSISTANCE
GREEN COUNTY LAND AND WATER CONSERVATION DISTRICT 1627 4TH AVE WEST MONROE, WI 53566	39-6005699	501(C)(3)	55,681				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HAMILTON COUNTY SWCD 1101 E RANDOLPH STREET MCLEANSBORO, IL 62859	37-0919550	501(C)(3)	24,000				TECHNICAL ASSISTANCE
HAWAII ASSOCIATION OF CD'S PO BOX 1411 WAILUKU, HI 96793	99-0266119	501(C)(3)	39,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HILLSBOROUGH SWCD 201 S COLLINS ST SUITE 202 PLANT CITY, FL 33563	45-3450272	501(C)(3)	10,000				TECHNICAL ASSISTANCE
HINDS COUNTY SWCD 322 NEW MARKET DR JACKSON, MS 39209	64-0544967	501(C)(3)	22,000				TECHNICAL ASSISTANCE

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HOMER SOIL & WATER CONSERVATION DISTRICT 432 E PIONEER SUITE D HOMER, AK 99603	92-0161947	501(C)(3)	20,000			TECHNICAL ASSISTANCE	
HOPKINS SWCD 1505 RICHMOND RD IRVINE, KY 40336	61-6016982	501(C)(3)	38,000			TECHNICAL ASSISTANCE	

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HORRY SWCD 1949 INDUSTRIAL PARK RD ROOM 125 CONWAY, SC 29526	57-6004158	501(C)(3)	42,500			TECHNICAL ASSISTANCE	
HOWARD SWCD 311 7TH STREET SW SUITE 2 CRESCO, IA 52136	42-1113769	501(C)(3)	21,984			TECHNICAL ASSISTANCE	

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HUMBOLDT COUNTY RCD 5630 SOUTH BROADWAY EUREKA, CA 95503	68-0343035	501(C)(3)	60,000				TECHNICAL ASSISTANCE
HUMPHREYS COUNTY SWCD 304 WEST JACKSON STREET BELZONI, MS 39038	64-0134513	501(C)(3)	47,500				TECHNICAL ASSISTANCE

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INDIAN NATIONS CONSERVATION ALLIANCE 350 NYE ROAD TWIN BRIDGES, MT 59754	30-0094371	501(C)(3)	49,000			TECHNICAL ASSISTANCE	
IZARD COUNTY CD PO BOX 276 MELBOURNE, AR 72556	71-0448525	501(C)(3)	15,000			TECHNICAL ASSISTANCE	

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JEFFERSON COUNTY CONSERVATION DISTRICT 1514 ROUTE 28 BROOKVILLE, PA 15825	25-1284880	501(C)(3)	38,500			TECHNICAL ASSISTANCE	
KANSAS ASSOCIATION OF CONSERVATION DISTRICTS 414 AUTUMN LANE HAYS, KS 67601	30-0661669	501(C)(3)	160,000			TECHNICAL ASSISTANCE	

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KENT CD 3260 EAGLE PARK DR NE SUITE 111 GRAND RAPIDS, MI 49525	38-2134644	501(C)(3)	32,000			TECHNICAL ASSISTANCE	
KITTITAS COUNTY CD 2211 W DOLARWAY RD SUITE 4 ELLENSBURG, WA 98926	91-6000987	501(C)(3)	49,000			TECHNICAL ASSISTANCE	

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LAKE COUNTY CONSERVATION DISTRICT 64352 US HWY 93 RONAN, MT 59864	81-3622864	501(C)(3)	28,000			TECHNICAL ASSISTANCE	
LAPEER CD 700 S MAIN ST SUITE 120-C LAPEER, MI 48446	38-6034410	501(C)(3)	28,500			TECHNICAL ASSISTANCE	

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LARAMIE COUNTY CONSERVATION DISTRICT 11221 US HWY 30 CHEYENNE, WY 82009	83-0182907	501(C)(3)	19,500			TECHNICAL ASSISTANCE	
LAWRENCE COUNTY CONSERVATION DISTRICT 13075 AL HWY 157 SUITE 4 MOULTON, AL 35650	63-0507927	501(C)(3)	36,000			TECHNICAL ASSISTANCE	

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LEA SWCD 401 TATUM HIGHWAY LOVINGTON, NM 88260	85-0173665	501(C)(3)	10,000			TECHNICAL ASSISTANCE	
LEHIGH COUNTY CONSERVATION DISTRICT 4184 DORNEY PARK RD SUITE 105 ALLENtown, PA 18104	23-2767492	501(C)(3)	23,801			TECHNICAL ASSISTANCE	

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LEWIS & CLARK NRD PO BOX 518 HARTINGTON, NE 68739	47-0544306	501(C)(3)	23,000				TECHNICAL ASSISTANCE
LINGLE FORT LARAMIE CONSERVATION DISTRICT 1441 EAST M ST SUITE B TORRINGTON, WY 82240	83-0266928	501(C)(3)	27,500				TECHNICAL ASSISTANCE

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LINN SWCD 33935 HWY 99E SUITE C TANGENT, OR 97389	93-0708006	501(C)(3)	20,000				TECHNICAL ASSISTANCE
LIVINGSTON (MCLEAN) COUNTY SWCD 1510 W REYNOLDS ST PONTIAC, IL 61764	37-0817191	501(C)(3)	22,000				TECHNICAL ASSISTANCE

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LONGMONT (BOULDER VALLEY) CONSERVATION DISTRICT 9595 NELSON ROAD BOX D LONGMONT, CO 80501	84-6014126	501(C)(3)	34,500			TECHNICAL ASSISTANCE	
LOWER BIG BLUE NRD PO BOX 826 BEATRICE, NE 68310	47-0542417	501(C)(3)	22,000			TECHNICAL ASSISTANCE	

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LOWER MUSSELHELL SWCD 109 RAILROAD AVE EAST ROUNDUP, MT 59072	81-0417913	501(C)(3)	15,000				TECHNICAL ASSISTANCE
LOWER NIOBRARA NRD 410 WALNUT ST PO BOX 350 BUTTE, NE 68722	47-0542458	501(C)(3)	21,500				TECHNICAL ASSISTANCE

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LOWER PLATTE SOUTH NRD 3125 PORTIA ST LINCOLN, NE 68521	47-0542969	501(C)(3)	33,000				TECHNICAL ASSISTANCE
MADISON COUNTY SWCD 815 E HIGHWAY 92 WINTERSET, IA 50273	42-1214011	501(C)(3)	32,000				TECHNICAL ASSISTANCE

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MARATHON COUNTY LAND CONSERVATION DEPARTMENT 210 RIVER DRIVE WAUSAU, WI 54403	39-6005716	501(C)(3)	40,000			TECHNICAL ASSISTANCE	
MARION COUNTY SWCD 1455 LAKE DRIVE SUITE 1 KNOXVILLE, IA 50138	42-1316638	501(C)(3)	34,000			TECHNICAL ASSISTANCE	

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MASSACHUSETTS ASSOCIATION CD 319 LITTLETON ROAD SUITE 205 WESTFORD, MA 01886	04-3041642	501(C)(3)	68,500			TECHNICAL ASSISTANCE	
MCDONOUGH COUNTY SWCD 1607 W JACKSON STREET MACOMB, IL 61455	37-0905280	501(C)(3)	28,000			TECHNICAL ASSISTANCE	

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MEAGHER COUNTY CONSERVATION DISTRICT PO BOX 589 WHITE SULPHUR SPRINGS, MT 59645	81-0381640	501(C)(3)	33,500			TECHNICAL ASSISTANCE	
MIDDLE NIOBRARA NRD 303 EAST HWY 20 VALENTINE, NE 69201	47-0542827	501(C)(3)	16,000			TECHNICAL ASSISTANCE	

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MISSION RESOURCE CONSERVATION DISTRICT 1588 SOUTH MISSION RD FALLBROOK, CA 92028	95-3696090	501(C)(3)	38,000			TECHNICAL ASSISTANCE	
MISSISSIPPI ASSOCIATION OF CONSERVATION DISTRICTS PO BOX 23005 JACKSON, MS 39225	64-0639964	501(C)(3)	37,500			TECHNICAL ASSISTANCE	

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MONROE COUNTY SCD 517 HWY 145 NORTH SUITE 6 ABERDEEN, MS 39730	64-0593989	501(C)(3)	45,000			TECHNICAL ASSISTANCE	
MONTCALM CONSERVATION DISTRICT 77 S STATE STANTON, MI 48888	38-1781623	501(C)(3)	22,000			TECHNICAL ASSISTANCE	

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MOREHOUSE SWCD 9604 MARLATT STREET BASTROP, LA 71220	72-6009570	501(C)(3)	20,000				TECHNICAL ASSISTANCE
MORGAN CONSERVATION DISTRICT 200 WEST RAILROAD AVE FORT MORGAN, CO 80701	84-0647436	501(C)(3)	34,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
MORRIS SWCD PO BOX 0900 MORRISTOWN, NJ 07963	22-1832971	501(C)(3)	20,000		TECHNICAL ASSISTANCE		
ND CDE ASSOCIATION 123 MAIN STREET PO BOX 346 MCCLUSKY, ND 58463	45-0420359	501(C)(3)	10,000		TECHNICAL ASSISTANCE		

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NEMAHA NRD 62161 HIGHWAY 136 TECUMSEH, NE 68450	47-0542968	501(C)(3)	15,000			TECHNICAL ASSISTANCE	
NEVADA ASSOCIATION OF CONSERVATION DISTRICTS PO BOX 145 CALIENTE, NV 89008	86-0850958	501(C)(3)	116,000			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NEW MEXICO ASSOCIATION OF CONSERVATION DISTRICTS 163 TRAIL CANYON RD CARLSBAD, NM 88220	85-0411367	501(C)(3)	160,500			TECHNICAL ASSISTANCE	
NODAWAY SWCD 502 W SOUTH HILLS DR SUITE 101 MARYVILLE, MO 64468	43-1117905	501(C)(3)	20,000			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH CAROLINA DEP OF AGRICULTURE AND CONSUMER SERVICES 1614 MAIL SERVICE CENTER RALEIGH, NC 27699	56-6000732	501(C)(3)	10,000				TECHNICAL ASSISTANCE
NORTHEAST PROWERS SCD 100 SOUTH SWAFFORD ST PO BOX 535 HOLLY, CO 81047	84-0383719	501(C)(3)	26,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
NORTHUMBERLAND CTY 441 PLUM CREEK RD SUNBURY, PA 17801	23-1735541	501(C)(3)	9,625				TECHNICAL ASSISTANCE
OCONEE SOIL & WATER CONSERVATION DISTRICT 301 WEST SOUTH BROAD ST WALHALLA, SC 29691	57-0369135	501(C)(3)	15,000				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO FEDERATION OF SWCD 8995 E MAIN ST REYNOLDSBURG, OH 43068	34-1377997	501(C)(3)	44,000			TECHNICAL ASSISTANCE	
OKLAHOMA COUNTY CONSERVATION DISTRICT 4850 N LINCOLN BLVD SUITE B OKLAHOMA CITY, OK 73105	73-0722673	501(C)(3)	20,500			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORANGEBURG COUNTY CONSERVATION DISTRICT 1550 HENLEY ST NE ROOM 103 ORANGEBURG, SC 29115	57-0773966	501(C)(3)	20,000			TECHNICAL ASSISTANCE	
OTSEGO SWCD 967 COUNTY HIGHWAY 33 COOPERSTOWN, NY 13326	16-0911414	501(C)(3)	33,000			TECHNICAL ASSISTANCE	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PALM BEACH SWCD 420 S STATE RD 7 SUITE 162 ROYAL PALM BEACH, FL 33414	59-1882169	501(C)(3)	51,000			TECHNICAL ASSISTANCE	
PALMER 1508 E BOGARD RD WASILLA, AK 99654	92-0131671	501(C)(3)	10,000			TECHNICAL ASSISTANCE	

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PALOUSE-ROCK LAKE CD 3 NORTH PARK ST ST JOHN, WA 99171	91-0641225	501(C)(3)	19,674			TECHNICAL ASSISTANCE	
PENNINGTON WEST POLK 201 SHERWOOD AVE S THIEF RIVER FALLS, MN 56701	41-0996595	501(C)(3)	20,000			TECHNICAL ASSISTANCE	

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PIKE COUNTY SWCD 1319 W WASHINGTON ST PITTSFIELD, IL 62363	37-0812501	501(C)(3)	22,000				TECHNICAL ASSISTANCE
POLK SWCD 1333 E BROADWAY BOLIVAR, MO 65613	43-0986876	501(C)(3)	18,648				TECHNICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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RHODE ISLAND ASSOCIATION OF CD'S 5 ANAN WADE RD NORTH SCITUATE, RI 02857	05-0427057	501(C)(3)	125,000				TECHNICAL ASSISTANCE
SAN JOAQUIN COUNTY RCD 7585 SOUTH LONGE ST STOCKTON, CA 95206	68-0376811	501(C)(3)	34,000				TECHNICAL ASSISTANCE

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SAN JUAN CONSERVATION DISTRICT 505A CR 600 PAGOSA SPRINGS, CO 81147	33-1091710	501(C)(3)	6,500			TECHNICAL ASSISTANCE	
SCIOTO SWCD 12167A STATE ROUTE 104 LUCASVILLE, OH 45648	31-1249023	501(C)(3)	5,000			TECHNICAL ASSISTANCE	

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SEBASTIAN SCD 3913 BROOKEN HILL DR FORT SMITH, AR 72908	71-0393899	501(C)(3)	45,000				TECHNICAL ASSISTANCE
SHAVANO SCD 102 PAR PLACE SUITE 4 MONTROSE, CO 81401	84-6000225	501(C)(3)	32,000				TECHNICAL ASSISTANCE

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SMITH COUNTY SWCD 125 GORDONSVILLE HWY SUITE 400 CARTHAGE, TN 37030	62-1325307	501(C)(3)	22,500			TECHNICAL ASSISTANCE	
SONOMA RCD 1221 FARMERS LN SUITE F SANTA ROSA, CA 95405	95-2863255	501(C)(3)	59,000			TECHNICAL ASSISTANCE	

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SOUTHERN & NORTHERN GUAM SWCD 303 UOG/CNAS UNIVERSITY DR MANGILAO, GU 96923	66-0775027	501(C)(3)	32,295			TECHNICAL ASSISTANCE	
SOUTHWEST BAGER RC&D PO BOX 753 PLATTEVILLE, WI 53818	39-1759169	501(C)(3)	50,000			TECHNICAL ASSISTANCE	

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SOUTHWEST SWCD PO BOX 1081 GUANICA, PR 00653	66-0756609	501(C)(3)	40,000			TECHNICAL ASSISTANCE	
SPOKANE CONSERVATION DISTRICT 210 NORTH HAVANA ST SPOKANE, WA 99202	91-0911235	501(C)(3)	44,000			TECHNICAL ASSISTANCE	

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ST MARY'S SOIL CONSERVATION DISTRICT 26737 RADIO STATION WAY SUITE B LEONARDTOWN, MD 20650	52-0886580	501(C)(3)	25,000			TECHNICAL ASSISTANCE	
STEARNS COUNTY SWCD 110 2ND ST S SUITE 128 WAITE PARK, MN 56353	41-0966601	501(C)(3)	25,000			TECHNICAL ASSISTANCE	

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STODDARD SWCD 18450 RIDGEVIEW LN DEXTER, MO 63841	43-0907051	501(C)(3)	20,000				TECHNICAL ASSISTANCE
SURRY SWCD PO BOX 218 DOBSON, NC 27017	56-6000341	501(C)(3)	10,000				TECHNICAL ASSISTANCE

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SUSSEX CONSERVATION DISTRICT 23818 SHORTLY RD GEORGETOWN, DE 19947	51-0064330	501(C)(3)	82,000			TECHNICAL ASSISTANCE	
SUWANNEE SWCD 1525-B OHIO AVENUE S LIVE OAK, FL 32064	59-2409962	501(C)(3)	43,000			TECHNICAL ASSISTANCE	

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TALBOT SOIL CONSERVATION DISTRICT 28577 MARYS CT SUITE 3 EASTON, MD 21601	52-0893862	501(C)(3)	29,000			TECHNICAL ASSISTANCE	
TEXAS SOIL AND WATER COMMISSION 1497 COUNTRY VIEW LN TEMPLE, TX 76504	74-6002381	501(C)(3)	36,259			TECHNICAL ASSISTANCE	

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TIOGA COUNTY CD 1867 SHURNWAY HILL RD WELLSBORO, PA 16901	23-1889054	501(C)(3)	32,000			TECHNICAL ASSISTANCE	
TRIANGLE-CHINO WINDS NRCD 8841 E FLORENTINE RD SUITE C PRESCOTT VALLEY, AZ 86314	86-0507746	501(C)(3)	15,000			TECHNICAL ASSISTANCE	

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TULARE RCD 3530 W ORCHARD CT VISALIA, CA 93277	91-2197116	501(C)(3)	19,000			TECHNICAL ASSISTANCE	
TWIN FALLS (SNAKE RIVER & BALANCE ROCK CD'S) 1441 FILMORE ST SUITE A TWIN FALLS, ID 83301	82-6001967	501(C)(3)	28,000			TECHNICAL ASSISTANCE	

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UMATILLA COUNTY SWCD 1 SW NYE AVE SUITE 130 PENDLETON, OR 97801	93-0708539	501(C)(3)	33,000			TECHNICAL ASSISTANCE	
UNION COUNTY SWCD 201 SPRINGFIELD AVE ANNA, IL 62906	37-0813419	501(C)(3)	17,500			TECHNICAL ASSISTANCE	

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UPPER WILLAMETTE SWCD 780 BAILEY HILL RD SUITE 5 EUGENE, OR 97402	93-0988518	501(C)(3)	5,000				TECHNICAL ASSISTANCE
VAN BUREN SCD 1016 FRANKLIN ST KEOSAUQUA, IA 52565	42-1302775	501(C)(3)	15,000				TECHNICAL ASSISTANCE

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VENANGO COUNTY CD 1793 CHERRYTREE RD FRANKLIN, PA 16323	23-2888545	501(C)(3)	15,000			TECHNICAL ASSISTANCE	
VERMONT ASSOCIATION OF CD PO BOX 566 WAITSFIELD, VT 05673	03-0237066	501(C)(3)	95,000			TECHNICAL ASSISTANCE	

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VIRGIN ISLANDS DEPARTMENT OF AGRICULTURE ST CROIX LOCATION 1 ESTATE LOWER LOVE KINGSHILL, VI 00850	66-0431678	501(C)(3)	19,000				TECHNICAL ASSISTANCE
WAKE SWCD 4001 CARYA DR SUITE 4001 RALEIGH, NC 27610	56-1638075	501(C)(3)	40,000				TECHNICAL ASSISTANCE

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WASHAKIE COUNTY CONSERVATION DISTRICT 208 SHILOH RD WORLAND, WY 82401	83-0291751	501(C)(3)	56,000			TECHNICAL ASSISTANCE	
WASHINGTON COUNTY CONSERVATION DISTRICT PO BOX U AKRON, CO 80815	84-1351550	501(C)(3)	14,273			TECHNICAL ASSISTANCE	

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WASHINGTON COUNTY SOIL CD 1105 EAST JACKSON BLVD SUITE 3 JONESBOROUGH, TN 37659	62-6000897	501(C)(3)	26,500			TECHNICAL ASSISTANCE	
WASHINGTON COUNTY SCWD 801 ANSON ST SALEM, IN 47167	35-1265394	501(C)(3)	25,000			TECHNICAL ASSISTANCE	

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WHITE COUNTY SWCD 1105 WEST MAIN STREET CARMI, IL 62821	37-0914947	501(C)(3)	41,600				TECHNICAL ASSISTANCE
WILL-SOUTH COOK SWCD 1201 S GOUGAR RD NEW LENOX, IL 60451	37-2786751	501(C)(3)	15,000				TECHNICAL ASSISTANCE

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WILSON COUNTY SOIL CD 925 EAST BADDOUR PKWY SUITE 101 LEBANON, TN 37087	62-1330005	501(C)(3)	7,800			TECHNICAL ASSISTANCE	

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017****Open to Public Inspection**Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTSEmployer identification number  
74-1162773**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 are not 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.

**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.

**Return Reference**

**Explanation**

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2017

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number

74-1162773

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( AUCTION ITEMS )	X	67	71,466	FAIR MARKET VALUES
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt  
purposes for the entire holding period? . . . . .

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? . . . . .

32a		No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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

Department of the Treasury

~~Internal Revenue Service~~Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

OMB No 1545-0047

**2017****Open to Public  
Inspection****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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Employer identification number**

74-1162773

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CONSERVATION DISTRICTS ARE MEMBERS THERE ARE APPROXIMATELY 3,000 IN TOTAL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CONSERVATION DISTRICTS ARE MEMBERS THERE ARE APPROXIMATELY 3,000 MEMBERS IN TOTAL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT AND THE SECRETARY/TREASURER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL MEMBERS OF THE EXECUTIVE BOARD, BOARD OF DIRECTORS, MEMBERS OF SENIOR MANAGEMENT, AND EMPLOYEES WITH PURCHASING AND/OR HIRING RESPONSIBILITIES OR AUTHORITY INFORM IN WRITING, THE CHIEF EXECUTIVE OFFICER AND THE CHAIR OF THE AUDIT COMMITTEE OF ALL REPORTABLE CONFLICTS IF A CONFLICT ARISES, THE FOLLOWING RESOLUTIONS TAKE PLACE -THE EXECUTIVE BOARD OR AUDIT COMMITTEE IS RESPONSIBLE FOR MAKING DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING DIRECTORS, BOARD MEMBERS AND MEMBERS OF SENIOR MANAGEMENT -THE EXECUTIVE BOARD IS RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING AUDIT COMMITTEE MEMBERS -THE AUDIT COMMITTEE IS RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS ON THE CONFLICT INVOLVING THE EXECUTIVE BOARD -THE CEO IS RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS ON CONFLICTS INVOLVING EMPLOYEES BELOW THE MANAGEMENT LEVEL, SUBJECT TO THE APPROVAL OF THE AUDIT COMMITTEE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS DETERMINED YEARLY BY THE EXECUTIVE BOARD SALARY SURVEYS AND OTHER BENCHMARK DATA ARE USED TO DETERMINE THE CEO'S SALARY. SALARY SURVEYS AND OTHER BENCHMARK DATA ARE USED TO DETERMINE KEY EMPLOYEE'S SALARY.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	AUDIT COMMITTEE CHAIR PERSON ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPIRATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE P ROCESS HAS NOT BEEN CHANGED FROM PRIOR YEAR