Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A i	For the	2018 cale	endar year, or tax year begi	inning	, 2018, a	and ending			, 20	
В	Check if	applicable	C Name of organization DELA	WARE ASSOCIATION OF CO	ONSERVATION	ON DISTRI	CTS	D Employ	er identification n	umber
	Address	change	Doing business as						51-0331688	
_	Name c	_	Number and street (or P O b	ox if mail is not delivered to street	address)	Room/suite)	E Telepho	ne number	
_	Initial re	-	800 BAY ROAD			SUI	TE 2	3	302-741-2600 X3	3
_		rn/terminated	City or town, state or provinc	e, country, and ZIP or foreign post	al code				· 	
_		ed return	DOVER DE 19901					G Gross re	eceipts \$	57901
		tion pending	F Name and address of principal	al officer			H(a) Is this a		subordinates? Yes	. ✓ No
	фриса	non penang		00 BAY ROAD, SUITE 2, DOV	ER. DE 1990	01 _ 1	1		s included? Ves	_
	Tay-eye	mpt status		501(c) () ◀ (insert no) □		1 50/2) 1			list (see instruction	
	Website			201(a) () () () () () () ()	+0+1 (u)(1) OI		H(c) Groun	exemption	number >	
<u> </u>				Association ☐ Other ►	L Yes	ar of formatio			of legal domicile	DE
_	irt I	Summ			1 - 15			1 1	5. 10 g an 2511116115	
	1			s mission or most significar	t activities:	,				
	•			RVATION DISTRICTS IN THE						
5			VIOTE THE TIMEE CONCE				-			
Ĕ	2	Chock th	his hov Marif the organiz	ation discontinued its oper	ations or di	isposed of	more tha	25% of	ite net accete	
Š	3		_	e governing body (Part VI, li				1 1	lis nei asseis.	
5	4		_	embers of the governing bo				-		
Se	1		•		•	•		5		
Ě	5		mber of individuals emplo mber of volunteers (estimate)	byed in calendar year 2018	=	-		6		
Activities & Governance	6							_		
•	7a			from Part VIII, column (C),				. 7a		
	b	ivet unre	nated business taxable inc	come from Torn 990 1, Hin	9.38		Prior Y	. 7b	Current Y	oar
	_	0		LO LIN		-	FIIOI I		Current	
ne	8	Contribu	utions and grants (Part VIII	1, 1(68) (11)	· S ·	· ·		573855		57841
Revenue	9	Program	service revenue (Part VIII	i me ^{2g)} МАУ 1 3 2019	S-OSC	· · · -		460		
Re	10	investme	ent income (Part VIII, colu	լ որուս(Վ)), ilnes 3, 4, and 7d) ՝	. 2	· ·		460		60
	11			Al lines 5, 6d 8c 9c 10c		·:		574045		57001
	12			111 (mustehualean VIII d		ne 12)		574315		57901
	13			(Part IX, column (A), lines i	٠	· ·				
	14			Part IX, column (A), line 4)		_·:				
es	15			loyee benefits (Part IX, colun		5–10)				
ens	16a		= :	t IX, column (A), line 11e)		· : _				
Expenses	Ь		ndraising expenses (Part I)			0				
ш	17			(A), lines 11a-11d, 11f-24e)		· · _		654986		57855
	18	-		(must equal Part IX, columr	1 (A), line 25	5)		654986		57855
	19	Revenue	e less expenses. Subtract	line 18 from line 12	<u> </u>			(80671)		46
et Assets or nd Balances						Be	ginning of C		End of Ye	
sset	20		sets (Part X, line 16) .					125200		12581
et A	21		bilities (Part X, line 26)			· ·		0		
	22		ets or fund balances. Subt	tract line 21 from line 20	<u></u>	_:l_		125200		12581
Pa	irt II	Signa	ture Block							
				ed this return, including accompan					ny knowledge and	i belief, it
true	e, correc	t, and comp	nete. Declaration of preparer (oth	ner than officer) is based on all info	mation of whi	cn preparer r	as any know	rieage	~ 1	
٠.		<	dura g. Osle	yande				2	3114	
Sig		Sign	nature of officer.	Alexand	PC		Di	ate		
He	re		Edwin J.	11100 10010	<u> </u>					
			e or print name and title			 _	, , , , , , , , , , , , , , , , , , , 	.,_		
Pai	id	. · · ·	ype preparer's name	Reparer's signature	1,02110	S Date	12/10	Check [√ f PTIN	
	epare	Gayle	R Wills	1 Sanger F	Will	2 3	13/10	self-em		57186
	e On			A Wills Bookkeeping Service			Fin	n's EIN ▶		
_			address ► 78 Rockwood Bou	ulevard Felton DE 19943			Ph	one no	302-698-75	
May	the II	RS discus	s this return with the prep	oarer shown above? (see in	structions)				🗸 Yes	s 🗌 No
For	Paper	work Redu	uction Act Notice, see the s	eparate instructions.		Cat No	11282Y		Form S	990 (2018

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
	TO PROMOTE THE THREE CONSERVATION DISTRICTS IN DELAWARE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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 \$14073 including grants of \$) (Revenue \$)
	NATIONAL ENVIROTHON COMPETITION - THE DACD HELPS TO SUPPORT THE WINNING DELAWARE ENVIROTHON TEAM TRAVEL AND COMPETE IN THE NATIONAL ENVIROTHON COMPETITION THE NATIONAL ENVIROTHON COMPETITION IS HELD IN A DIFFERENT STATE/PROVIDENCE EACH YEAR
4b	(Code:) (Expenses \$14878 including grants of \$) (Revenue \$) DELAWARE ENVIROTHON COMPETITION - THE DACD HELPS TO SUPPORT THE DELAWARE ENVIROTHON COMPETITION WHERE HIGH SCHOOL/4-H/FFA TEAMS COME TOGETHER TO COMPETE IN ENVIRONMENTAL TESTING ON VARIOUS TOPICS TO SEE WHO CAIN ATTAIN THE TOP SCORE IN TESTING THE WINNING TEAM IS THEN ELIGIBLE TO ATTEND THE NATIONAL ENVIROTHON COMPETITION
4c	(Code:) (Expenses \$ 4956 including grants of \$) (Revenue \$) GOVERNORS CONSERVATION AWARDS - THE DACD AWARDS AN AGRICULTURAL AND URBAN INDIVIDUAL/BUSINESS IN EACH COUNTY OF DELAWARE FOR THEIR COMMITTMENT TO THE ENVIRONMENT FOR PROJECTS COMPLETED DURING THE PREVIOUS CALENDAR YEAR A DELAWARE LEGISLATOR IS ALSO NAMED EACH YEAR FROM ONE COUNTY AS THE LEGISLATOR OF THE YEAR. THIS LEGISLATOR IS DETERMINED BY THEIR WILLINGNESS TO PARTNER WITH THE CONSERVATION DISTRICT IN THEIR COUNTY DURING THE PREVIOUS CALENDAR YEAR
4d	Other program services (Describe in Schedule O.) (Expenses \$ 544649 including grants of \$) (Revenue \$)
40	Total program service expenses 578556

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Form 990	O (2018))	F	Page \$
Part I	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	√	<u> </u>
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
	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_		1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
	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		1
	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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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	_	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	✓
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		,
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		1
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		1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20 a 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?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

18

19

20a

20b

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	·	√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		>
26	Did the organization report any amount on Part X, line 5, 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	26		J
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	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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.	38	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Estable combination of the Day O of Face 4000 Fate O factors (1)		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	1	-
				(2018)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			- 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		 i
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
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).			لبر
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		√
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			$\overline{}$
	gifts were not tax deductible?	6b		Ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لـــا
	and services provided to the payor?	7a 7b		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L.,
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لــــا
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		\vdash
ь 10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year . 12b	128		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		 -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	15		-
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O			
	11 Too, Complete Form 1720, Concedure C	For	n 99 0	(2018)

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Form 99					Page 6			
Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				ions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>···</u>	<u> </u>			
Section	on A. Governing Body and Management							
		1 .		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	의					
	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	Enter the number of voting members included in line 1a, above, who are independent .	_ 	<u> </u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or							
	supervision of officers, directors, or trustees, or key employees to a management company or oth		3		\ <u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1			
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5	ļ	V			
6	Did the organization have members or stockholders?		6		/			
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approva				١.			
	stockholders, or persons other than the governing body?		7b		\ <u>\</u>			
8	Did the organization contemporaneously document the meetings held or written actions ur	idertaken during			1 1			
	the year by the following:		1_		ــــا			
a	The governing body?		8a	1				
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the		nue C	ode.)	i			
-		 -		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of							
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	-	11a		1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		<u></u> -	لبا			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	_	✓			
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	ļ <u> </u>	 			
C	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"						
	describe in Schedule O how this was done		12c		,			
13	Did the organization have a written whistleblower policy?		13		1			
14	Did the organization have a written document retention and destruction policy?		<u> </u>		-			
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	<u> </u>	✓			
b	Other officers or key employees of the organization		15b	<u> </u>	/			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		 			
b	If "Yes," did the organization follow a written policy or procedure requining the organization				Ī			
	participation in joint venture arrangements under applicable federal tax law, and take steps							
	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b	L				
	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (0) and because the control of the		- i (Sec	tion t	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Science)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of in	nterest	policy	y, and			
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and r	ecords	•				
	GAYLE R WILLS 800 BAY ROAD SUITE 2 DOVER DE 19901 302-608-3646							

Page	ı

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or director	untes	Pos leck is pe	rson	than is is in the interval of	an	(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
(1) EDWIN J ALEXANDER - PRESIDENT	0			√		ā		0	0	0
(2) ROBERT L EMERSON - PAST PRESIDENT	0			,				0	0	0
(3) ROLAND HILL - VICE PRESIDENT	0			1				0	0	0
(4) BRUCE SNOW - TREASURER	0			1				0	0	0
(5) PHILIP SYLVESTER - SECRETARY	0			<u>√</u>				0	0	0
(6)				Ť			<u> </u>			
(7)							<u></u>			
(8)									. <u>.</u>	
(9)									· · ·	
(10)										
(11)										
(12)										
(13)			-				ļ			
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) (do not check more than one box, unless person is both an officer and a director/trustee week (list any					is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation fror related	on from amount of		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensation the anization in related in its anization in it	1	
(15)			-							-			
(16)													
(17)						!			_				
(18)													
(19)								-					
(20)											 		
(21)					<u> </u>								
(22)													<u> </u>
(23)													
(24)													
(25)			_		-						 		
1b c	Sub-total	VII, Sectio	 n A		<u>.</u>	· .		>	0		0		0
$-\frac{d}{2}$	Total (add lines 1b and 1c) . Total number of individuals (including but	not limited						<u>►</u>	ho received m		0 000 of		0
	reportable compensation from the organi	zation >			_				0			Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high		ted		1
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	npei	nsatio	n a	nd other comp	ensation from	the		
5	Individual										. 4		1
Section	for services rendered to the organization on B. Independent Contractors												1
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	ress							(B) Description of s	ervices	(C Comper		
				_									
2	Total number of independent contractor received more than \$100,000 of compens) th	ose listed abo	ove) who		000	

	90 (201						Page 9
Part	VIII	Statement of Revenue			Do-4 \ (81)		
		Check if Schedule O contains a response	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
\$ \$	1a	Federated campaigns 1a	-				
iran	b	Membership dues 1b	42000				
s, G	С	Fundraising events 1c					
Sift	d	Related organizations 1d					
ž,	е	Government grants (contributions) 1e	18138				
tio er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	518275				
ag d	9	Noncash contributions included in lines 1a–1f: \$		570440			-
	h	Total. Add lines 1a-1f	Business Code	578413			
Program Service Revenue	20	-	Business Code				
ě	2a b					_	
8	C				-		
ΘŽ	d						·
S E	e						
<u>g</u>	f	All other program service revenue .					
P	g	Total. Add lines 2a-2f	▶				
-	3	Investment income (including divider	nds, interest,				
		and other similar amounts)	1	603	•••		603
	4	Income from investment of tax-exempt bon	d proceeds ►				
	5	Royalties					
	_	(i) Real	(ii) Personal				1
	6a	Gross rents			•		
	b	Less: rental expenses					
	d	Rental income or (loss) Net rental income or (loss)	. •		.=		
		Ret rental income or (loss)	(ii) Other		 		
	7a	assets other than inventory	· · ·				
	Ь	Less, cost or other basis		,			
	-	and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	>				
•							
nue	8a	Gross income from fundraising					
Other Reven		events (not including \$					
ď		of contributions reported on line 1c).					
Ē	١.	See Part IV, line 18 a					
δ		Less: direct expenses b Net income or (loss) from fundraising e	vonto N		··		
		Gross income from gaming activities.	vents .				
	"	See Part IV, line 19 a					'
	Ь	Less: direct expenses b					
		Net income or (loss) from garning activi	ties ▶				
		Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·			
		returns and allowances a					
		Less: cost of goods sold b					
	C	Net income or (loss) from sales of inver	itory ▶				
		Miscellaneous Revenue	Business Code				
	11a					ļ <u>.</u>	<u> </u>
	b				. <u>-</u> .		
	C	All					
	d	All other revenue					
	12	Total Revenue, See Instructions	•	579016	0	0	603

Form 990 (2018)	Page II
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				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u></u>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	2051		2051	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	111		111	
14	Information technology	209		209	
15	Royalties				
16	Occupancy				
17	Travel	16274	14248	2026	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	7354	7354		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·		
23	Insurance	663	663		
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.)				
а	DUES & SUBSCRIPTIONS	7482	7482		
b	EXECUTIVE DIRECTOR EXPENSES	13869		13869	
c	NRCS EXPENSES	514825	514825		
d	COMPETITION EXPENSES	14446	14446		
e	All other expenses	1272	1272		
25	Total functional expenses. Add lines 1 through 24e	578556	560290	18266	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 125200 2 125811 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 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 Assets 7 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation b 11 11 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 12 12 13 Investments-program-related. See Part IV, line 11 13 14 14 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 125200 16 125811 16 17 17 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 न 26 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 125200 27 125811 27 28 28 29 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and

5

30

31

32

33

Net Assets

complete lines 30 through 34.

Total liabilities and net assets/fund balances .

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Form 990 (2018)

125811

125811

30

31

32

125200 33

125200 34

_	4	^
Page	ŀ	4

ÇUMI Ə	2016)			-	age 12
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		5	79016
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	78556
3	Revenue less expenses. Subtract line 2 from line 1	3			460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	25200
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			151
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
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	25811
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>, D</u>
			- ب	Yes	No
1	Accounting method used to prepare the Form 990.		_ [``,	1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın i	n		
_	Schedule O.			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	-	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or		
	reviewed on a separate basis, consolidated basis, or both:		İ		1 4
	Separate basis Consolidated basis Both consolidated and separate basis		 	-	<u></u> _
D	Were the organization's financial statements audited by an independent accountant?	• •	. 2b	1	 '
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		2.27
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
_				-	اــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex			┼	-
	Schedule O.	piaiii	"		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	<u>, </u>	·	
Jd	the Single Audit Act and OMB Circular A-133?	iorui i	'' . 3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th	•	+-	+-
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1	
					(2018)
					(=0.0)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2018 ► Attach to Form 990 or Form 990-EZ. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

Inspection

DELAWARE ASSOCIATION OF CONSERVATION DISTRICTS 51-0331688 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iv) is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary isted in your governing other support (see (described on lines 1-10 support (see instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked th						
	Part III. If the organization fails to				_	•	iniy dirido.
Secti	on A. Public Support			<u>,</u>		**	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	15034	94981	219382	573855	578413	1481665
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	15034	94901	219362	373633	370413	1481005
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15034	94981	219382	573855	578413	1481665
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					_	
6	Public support. Subtract line 5 from line 4						1481665
	on B. Total Support		·				·
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	15034	94981	219382	573855	578413	1481665
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					603	603
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.)						
11	Total support. Add lines 7 through 10						1482268
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	_			-		л 501(c)(3)
Sooti	on C. Computation of Public Suppor		· · · · · ·	· · · · ·	· - · ·	• • • •	
14	Public support percentage for 2018 (line 6			1 column (fl)		14	99 96 %
15	Public support percentage from 2017 Sch		-			15	100 %
16a	331/3% support test—2018. If the organi box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
b	331/3% support test—2017. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circi	and-circumsta umstances" te	ances" test, ch st. The organız	eck this box a ation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the	e "facts-and-c s-and-circums	rcumstances" tances" test. 1	test, check t The organization	his box and s	a publicly
18	Private foundation. If the organization du	d not check a l	hox on line 13	16a 16b 17a	or 17h, check	this hox and	- -

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)	-		
	(Complete only if you checked the	he box on line	10 of Part I	or if the orga	nization faile	d to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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				/	1	
3	Gross receipts from activities that are not an		-				
	unrelated trade or business under section 513					1	
4	Tax revenues levied for the						
•	organization's benefit and either paid to	1					
	or expended on its behalf	}		j	/	}	ļ
5	The value of services or facilities				/		
Ū	furnished by a governmental unit to the	į		1 /			
	organization without charge	İ				}	
6	Total. Add lines 1 through 5	ļ		 		 	
	Amounts included on lines 1, 2, and 3	<u> </u>		 		 	
, 4	received from disqualified persons .					1	
	Amounts included on lines 2 and 3		_	/			
b	received from other than disqualified	1		Y	1	1	Į.
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year					1	
	·			 			
C	Add lines 7a and 7b	<u> </u>	/_/			 	
8	Public support. (Subtract line 7c from			1			
Soot	on B. Total Support	L	L/	I	J		L
	idar year (or fiscal year beginning in)	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(0) 2019	(f) Total
9		(a) 2014	(b) 2015	(0) 2016	(d) 2017	(e) 2018	(I) Iolai
		/					-
10a	•			1	•		1
	payments received on securities loans, rents, royalties, and income from similar sources.	/					ĺ
L	•	-				 	 -
þ	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses acquired after June 30, 1975	/					
		 		-			
_	Add lines 10a and 10b				 	 	
11	Net income from unrelated business						
	activities not included in line 10b, whether			ĺ			
	or not the business is regularly carried on	ļ					
12	Other income. Do not include gain or	ľ					
	loss from the sale of capital assets			,			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			J	ļ	ļ	ļ
	and 12)		<u> </u>	<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for the						
0 1	organization, check this/box and stop he			· · · · ·	· · · · ·	<u> </u>	🟲 🗀
	on C. Computation of Public Suppo			10 1 10		- I	
15	Public support percentage for 2018 (line		•				<u>%</u>
16	Public support percentage from 2017 Sc				<u> </u>	16	%
	on D. Computation of Investment In				- (0)	 	
17	Investment income percentage for 2018						<u>%</u>
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2018. If the organ						· -
_	17 is not more than 331/3%, check this box	=	_	-		-	
Ь	331/3% support tests—2017. If the organization 19 is not mare than 231 nW. shock this						
^^	line 18 is not more than 331/3%, check this						

Part IV Supporting Organizations

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

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

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rait	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.			ions).
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		!
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ئــــا

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izatı	ons must complete Sect	ions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	·-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	ļ		1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	exempt purposes		<u> </u>
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.	·····		
	Total annual distributions. Add lines 1 through 6.			
_ 8 	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014]
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e		·····	
	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2018 distributable amount			
_ <u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	r		
	Section D, line 7:			<u> </u>
	Applied to underdistributions of prior years			
_ <u>b</u>	Applied to 2018 distributable amount			
<u>c</u>				
5 	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.	,		
8	Breakdown of line 7:			
a				
b				
<u>c</u>				
<u>d</u>	Excess from 2017			· · · · · · · · · · · · · · · · · · ·
e	Excess from 2018	<u> </u>		

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

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.

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Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

DELAWARE ASSOCIATION OF CONSERVATION DISTRICTS 51-0331688 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS FORM 990, PART VI, LINE 11B - FORM 990 IS PROVIDED AT THE BOARD MEETING FOR REVIEW BY OFFICERS FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEW UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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