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. Open to Public

	irtment of t nal Revenu	the Treasury Le Service	► Go to www.irs.gov/Fo	rm990 for instructions a	nd the latest	informat	ion.	[M	Inspe	ectio	n
\overline{A}	For the	2018 cal	endar year, or tax year beginning	7/1/2018	, and e	nding	6/3	0/2019			
В		applicable		Association of Conservati	on Districts In	С	D Employer	dentification	numbe	r	
\square	Address o	change	Doing business as								
一	N		Number and street (or P O box if mail is no	t delivered to street address)	Room/suite		16-6017029				
ᆜ	Name cha	ange	PO Box 275				E Telephone	number			
	Initial retu	ırn	City or town	State	ZIP code	l e	605-895-40	99			
\Box	Eunal mitum	/terminated	Pierre	SD	57501-027	5 `	300 000 10				
닏'	-mai returri	neminaleu	Foreign country name Foreign	n province/state/county	Foreign postal	code					
\sqcup	Amended	return				! لــــــــــــــــــــــــــــــــــــ	G Gross rec	eipts \$		1,0	91,283
\Box	Applicatio	on pending	F Name and address of principal officer		2	H(a) is this	a group return	for subordinates?		Yes	X No
ш.	фричан		Angela Ehlers PO Box 275, Pierre,	SD 57501-0275	n')	1	all subordinate		┌] Yes	⊟ Νο
					-\\	1 ` '		st (see instruct	ـــــا ۱۹۹۹	ا ۵۰۰ تــ	
1 3	ax-exem	pt status	X 501(c)(3) 501(c) ()	■ (insert no) 4947(a)(1	or527	" "	io, allacii a iii	st (see manuct	ionsj		
<u>J \</u>	Vebsite	e: ► wwv	v sdconservation org			H(c) Grou	up exemption	number 🕨			
KF	orm of o	rganization	X Corporation Trust Associ	ation Other ►	LYea	ar of format	ion 1968	M State of	legal de	micile	SD
	art I		mmary		1						
	1		escribe the organization's mission or	most significant activitie	e lean	renres	ant & accie	t conservati	<u></u>		
ø	'	•	in promoting a healthy environment.	_	,		CITE OF COSTS	COCHSCIVAL	<u> </u>		
ງ∩ງ1 Activities & Governance	İ		air quality, forestry, grassland, wildli			juality G					- -
Ë											
š	2		nis box ▶[] if the organization dis		or disposed	of more	than 25%	of its net as	sets		_
Ö	3		of voting members of the governing					3			9
ŝ	4		of independent voting members of the					4			9
≝	5	Total nu	mber of individuals employed in cale	ndar year 2018 (Part V,	line 2a)			5			27
<u>`</u>	6	Total nu	mber of volunteers (estimate if neces	ssary)				6			975
¥	7a	Total un	related business revenue from Part \	/III, column (C), line 12				7a			0
က	b	Net unre	lated business taxable income from	Form 990-T, line 38				7b			0
2							Prior Year		Curre	nt Yea	r
۳,	8	Contribu	tions and grants (Part VIII, line 1h).	SORR	es		99	3,669		4	64,435
AT NEI) HER	9 Program service revenue (Part VIII, line 2g)						3	3,573		6	311,076
Š.	10	Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 100 Total revenue—add lines 8 through 11 (must equal Part VIII) golumn (A), line 12)					1:	3,966			15,772
- œ	11	Other re	venue (Part VIII. column (A). lines 5.	6d. 8c. 9c. 10c. and 1/1/16	3			0			0
⋛	12	Total rev	enue—add lines 8 through 11 (must eq	ual Part VIII voolume (A). li	ne 12)		1.05	1,208		1.0	91,283
_	13	Grants a	and similar amounts haid (Part IX, co.	lumn (A) lines 1–3)				4,782			81,257
ζ	14	Renefits	paid to or for members (Part IX, columbter company)	ımn (A) line 4) 117	AH			0			0
ź "	15	Salarine	other compensation, employee benefits	s (Part IX con GAPTA) line	s 5_10\		49	0,172		6	62,206
Ses	16a		onal fundraising fees (Part IX, colum		00 10,			0			0
ē	1 .		ndraising expenses (Part IX, column		0					-	
Expenses	b		_ :					7,599		1	98,058
	17		spenses (Part IX, column (A), lines 1		25)			2,553			41,521
	18		penses Add lines 13–17 (must equa		25)						-50,238
	19_	Kevenue	e less expenses Subtract line 18 from	HIIIR IZ		Bo-i	ng of Current	8,655	End.	of Year	
Net Assets or Fund Balances		T-+-!				Deginni			End		39,495
Sse	20		sets (Part X, line 16)	•		<u> </u>		4,282			10,729
e d	21		pilities (Part X, line 26)					5,278			
			ets or fund balances Subtract line 21	from line 20		L	4/	9,004		4	28,766
	irt II		nature Block								
			 I declare that I have examined this return, incl ct, and complete Declaration of preparer (other 								
and	belief, it i	s true, corre	ct, and complete Declaration of preparer (other	Digitally signed by Angela Ehle	275	ii piepaiei	ilas ally kilow		12020		
Sig	n		Angola	DN cn=Angela Ehlers, o=SD A	ssn of			5/13	/2020		
Here Angela Enler's Consequences of the control of											
Angela Ehlers Date 2020 05 13 09 20-35 -05'00' executive director											
			Type or print name and title	<u> </u>					1		
		Print	Type preparer's name	Preparer's signature		Date	i i	heck I if	PTIN		
Рa	id							elf-employed			
		1						,,			
Pr	eparer			<u> </u>		<u> </u>	>				
	eparer e Only		's name				Firm's EIN				
	-	y Firm	's name ▶ 's address ▶			1	Firm's EIN Phone no				

For Paperwork Reduction Act Notice, see the separate instructions.

orm 9	90 (2018) South Dakota Association of Conservation Districts Inc	46-6017029	Page 2
	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		
	Lead, represent & assist conservation districts in promoting a healthy environment		
	Concerns include soil erosion, soil health, water quality & quantity, air quality,		
	forestry, grassland, wildlife, recreation & human health		
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	X 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?	. Tyes	X No
	If "Yes," describe these changes on Schedule O		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$ 835,809 including grants of \$ 263,607) (Reve	enue \$783	3,147)
	Assist landowners/operators to plan & implement natural resources conservation measures. Measures	·	
	water quality, animal & plant nutrient management, grazing lands management, wetlands conservation, and wildlife habitat. Staff assisted producers develop resource management plans &		
	monitor the plans. Wetlands were created, restored or expanded with accompanying acres receiving		
	grazing management planning Soil health demonstrations & educational programs were developed &		
	information, technical advice & cost-share in order to address water quality impairments, soil		
	health and conservation stewardship initiatives	,	
4b	(Code) (Expenses \$ 107,852 including grants of \$ 16,650) (Reve	enue \$ 60	,925)
	Increase non-operating landowners' (NOLOs) awareness of natural resources conservation measures,		
		·	
	and mail survey of random landowners who own land in South Dakota but do not operate it		
	themselves Over 20,000 identified non-operating landowners (NOLOs) received a series of mailings		
	and electronic outreach. The outreach introduced NOLOs to their local conservation district and		
	federal partner USDA-Natural Resources Conservation Service Information continues to be provided on a variety of topics and opportunities offered to participate in programs and projects		
	Sit a variety of topics and opportunities official to participate in programs and projects		
	·	,	
4c	(Code) (Expenses \$ 61,936 including grants of \$ 3,275) (Reve	nue \$ 17	7.632)
	programs. Association sponsored or co-sponsored several education events. Multiple opportunities		
	warm offered for passengtion district offered, and staff to build appears. Apparent on applicant		
	SD Envirothon to incorporate environmental education activities in youth interests. Association		
	cooperated with South Dakota State University Ag-Bio Prexy Council to raise awareness of		
	agriculture and natural resources stewardship through Ag Day campus activities. Cooperated with		
	VIII. 1.1.		
	Foundation and state sponsors of Leopold Conservation Award to provide award winners opportunities		
			- -
	renewable energy issues, opportunities and challenges. Evaluating effectiveness of tree research projects		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
40	Total program service expanses		

Form !	990 (2018) South Dakota Association of Conservation Districts Inc	7029	Б	age 🕻
Part		TOZO		age (
	· ·		Yes	No
`1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 ^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	\vdash	 ^
·	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	13	 	 ^
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		Ì	
	"Yes," complete Schedule D, Part I	6	İ	×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	 	 ^
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- <u>'</u> -	 	 ^
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1	 	 ^
•	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	i	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	x	
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			}
	Schedule D, Parts XI and XII.	12a	L	X
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	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
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			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х

- on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 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

Х

18

19

20a

20b

Par	Checklist of Required Schedules (continued)			
d'a			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			,
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		 ^
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	'		1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			١.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
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)	20-		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
D	Schedule L, Part IV.	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		_
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
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		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1 1	l	ľ
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	•_	<u>. </u>	<u>Ш</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .]]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable]
	gaming (gambling) winnings to prize winners?	1c_	X	
		Form	990	(2018)

Form 990 (2018)

Pari	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		_	<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27		 -	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	├
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	 За		×
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		├^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		-
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			 ^`
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .	5c		
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			٠ ا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?.	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 ^
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?.	7 <u>y</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ .	├─.
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Х	
	Section 501(c)(7) organizations. Enter		, M	
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			ł
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			ł
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
L	Note. See the instructions for additional information the organization must report on Schedule O			l
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans . 13b			
	Enter the amount of reserves on hand . Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	X	 ^
		עדי	_^_	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	المورا		_
	excess parachute payment(s) during the year	15_	-	X
	If "Yes," see instructions and file Form 4720, Schedule N		<u> </u>	 ,
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X
	If "Yes," complete Form 4720, Schedule O			l

Form 990 (2018) Part VI

South Dakota Association of Conservation Districts Inc 46-6017029 Page 6

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

•	. Check if Schedule O contains a response or note to any line in this Part VI		.	X.		
Sect	ion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 9			1		
	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.					
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 9					
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?	2		X		
3	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?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		 ^- -		
6	Did the organization have members or stockholders?	-	X	$\vdash -$		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х			
L	one or more members of the governing body?	/a				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х			
	stockholders, or persons other than the governing body? Did the assessment on contemporaries beld or written actions undertaken during	''	^			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
-	The governing body?.	8a	X	┟──┵		
a b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	\	<u> </u>	\vdash		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x		
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	_	}			
Jeci	ton B. I diletes (This decitor B requests information about policies het required by the internal November 2	,000.	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			$\overline{}$		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>		
14	Did the organization have a written document retention and destruction policy?	14	X	L		
15	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?	-	 -			
а	The organization's CEO, Executive Director, or top management official	15a	X	$\vdash \!$		
b	Other officers or key employees of the organization .	15b	Х	 		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	İ				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-		┟┯┚		
	with a taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			l l		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	466	—	 		
	the organization's exempt status with respect to such arrangements?	16b		Ь		
	List the states with which a copy of this Form 900 is required to be filed					
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5	 (01/c)				
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,				
	X Own website					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cv ar	ıd			
1.3	financial statements available to the public during the tax year	ار د	-			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•				
	Angela Ehlers 605-895-4099					
	DO DOW 275 Diotro SD 57504 0275					

Form 990 (2018)	South Dakota Association of Conservation Districts Inc 46-6017029	Page 7		
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 to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 nor any related organization compensated any current officer, director, or trustee (C) Position (A) (B) (do not check more than one Œ

(A) Name and Title	(B) Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Drew Anderson	2 00									
Northwest area director	0.00	X	<u> </u>	L		<u> </u>		75	0	0
(2) Duane Schneider	2 00	1								
Coteau area director	0 00	X					L	150	0	0
(3) John D Majeres	2 00				ŀ		İ			
Vermillion-Big Sioux area director	0 00	Х						490	0	0
(4) Mark Goldammer	2.00]	ŀ							
Lower James-Missouri area director	0 00	Х						75	0	0
(5) Philip Wilson	2 00								,	
Hills area director	0 00	Х						150	0	0
(6) Dean Odden	2 00									
North Missouri area director	0 00	<u>x</u>						300	0	0
(7) Frances Fritz	2 00									
NACD board of directors	2.00	Х						1,800	0	0
(8) Trevor Williams	2 00									
Prairie area director	0.00	Х		Х				450	0	0
(9) Lyle Stewart	2 00	l								
vice president	0 00	Х		Х				1,015	0	0
(10) Karl Jensen	4 00									
president	1 00	Х		Х				1,285	0	0
(11) Angela Ehlers	40 00									_
executive director	0 00				X			57,390	0	0
(12)										
(13)										
(14)										

(F)

•	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box, office	Position (do not check more than one box, unless person is both an officer and a director/trustee CKey employee Institutional trustee or director		th an	h an tee)	an ee)	(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
(15)			ļ								
(16)											
(17)											
(18)											
(19)											
(20)										-	
(25)											
1b	Sub-total .							•	63,180	0	0
c	Total from continuation sheets to Part VII, Se	ection A	•					>	05,180	0	0
<u>d</u>					- \	٠ - ا،		>	63,180	0	0
2	Total number of individuals (including but not lir reportable compensation from the organization		ieu a		e) v 0	VIIO	recei	veu	more than \$100	,000 01	
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee, ule J for such inc	dıvıdu	mpl al	oye						Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual										4 X
5	Did any person listed on line 1a receive or according for services rendered to the organization? If "Yes									ıdual 	5 X
Sec	tion B. Independent Contractors	, ,									<u> </u>
1	Complete this table for your five highest compe compensation from the organization Report con year										ax
	(A) Name and business addr	ess							(B) Description of serv	ices C	(C) ompensation
not a	pplicable										0
											0
										i	0

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

Pa	ge	9

Form **990** (2018)

	•	Check if Schedule O contains	a response or	this Part VIII			· [_]	
, Sr.			. •	!	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns	. 1a	0		revenue		512-514
nts nts	b	Membership dues	. 18					J
Gra		·	<u> </u>					
fts,	C	Fundraising events	. 1 <u>0</u>					
E I	a	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions		397,982] ;
her	T	All other contributions, gifts, gran		40.000				}
i i		similar amounts not included abo						
S a	g	Noncash contributions included in li	nes 1a–1f \$	0				
	h	Total. Add lines 1a–1f		Business Code	464,435			<u> </u>
Ę.					00.470			نــــــا
e e	2a	conference receipts		611710	28,476	28,476		
e R	b	technical & scientific services		541900	582,600	582,600		
٤	C			<u> </u>	0			
Š	d				0			<u> </u>
Та	e	Ali		-	0			
Program Servíce Revenue	_	All other program service revenu	е					
	9	Total. Add lines 2a–2f	idanda interest		611,076			<u>-</u>
	3	Investment income (including div other similar amounts)	idenas, interest	, and	15,772			15,772
	4	Income from investment of tax-ex	compt bond pro	acada -	15,772			15,772
	5	Royalties	tempt bond pro	ceeds.	0			<u> </u>
	3	Noyalies	(ı) Real	(II) Personal	<u></u>			
	6a	Gross rents		(.,, /				1
	b	Less rental expenses	<u> </u>					
j	C	Rental income or (loss)		0				1
	d	Net rental income or (loss)	L	<u>, </u>				
		Gross amount from sales of	(ı) Securities	(ii) Other				
	ı a	assets other than inventory	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	b	Less cost or other basis		,	•			
		and sales expenses .	(ا ا				
	С	Gain or (loss)		0				
	d	Net gain or (loss)	L`	<u> </u>	0			-
	_	riot gain or (1000)	•					
an	8a	Gross income from fundraising						
.eu		events (not including \$	0					
Š		of contributions reported on line	1c)					
7		See Part IV, line 18.	а	0				{
Other Revenue	b	Less direct expenses	. b	0				
0	С	Net income or (loss) from fundral	sing events	>	0			
	9a	Gross income from gaming activi	ties					
		See Part IV, line 19	а	_ 0				ĺ
	b	Less direct expenses	b	0				
ľ	С	Net income or (loss) from gaming	activities	•	0			
	10a	Gross sales of inventory, less			· ·			
		returns and allowances	a	0				
j	b	Less cost of goods sold.	b	0				<u> </u>
	С	Net income or (loss) from sales of	f inventory		0			
		Miscellaneous Revenue		Business Code				
	11a				0			
- 1	b				0			
	C				0			
	d	All other revenue .			0			
	е	Total. Add lines 11a-11d		•	0			
_ 1	12	Total revenue. See instructions.		▶	1,091,283	611,076	0	<u> 15,772</u>

Page 10

Part IX Statement of Functional Expenses

•	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments See Part IV, line 21	281,257	281,257		
2	Grants and other assistance to domestic]	i.	
2	individuals See Part IV, line 22.	0		+	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			Ì	
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,	<u> </u>		+	
3	trustees, and key employees	59,636	21,524	38,112	0
6	Compensation not included above, to disqualified	39,030	21,024	30,112	<u> </u>
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	453,775	445,517	8,258	0
8	Pension plan accruals and contributions (include	400,710	440,017	0,230	
•	section 401(k) and 403(b) employer contributions)	18,691	17,244	1,447	0
9	Other employee benefits	93,265	85,076	8,189	0
10	Payroll taxes	36,839	33,398	3,441	0
11	Fees for services (non-employees)	00,000	55,555	0,111	
а	Management				
b	Legal	0			
C	Accounting .	0			
ď	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			····-
f	Investment management fees .	0			
q	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)			ol	
12	Advertising and promotion	30,426	30,426	0	0
13	Office expenses .	44,661	29,671	14,990	0
14	Information technology	16,368	10,697	5,671	0
15	Royalties .	0	,		_
16	Occupancy	5,000		5,000	0
17	Travel	58,223	35,606	22,617	0
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,297	1,919	18,378	0
20	Interest .	0	·	, ,	
21	Payments to affiliates .	O			
22	Depreciation, depletion, and amortization .	ol	o	o	0
23	Insurance	18,711	13,236	5,475	0
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)	1			į
а	Equipment rent & maintrenance	26	26	0	0
b	Awards	2,600		2,600	0
С	Dues/memberships	1,746		1,746	0
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	1,141,521	1,005,597	135,924	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)	<u> </u>			
					Form 990 (2018)

Part X Balance Sheet

		· Check if Schedule O contains a response or	note to a	ny line in this Part X			
	,				(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing .			93	1	86
	2	Savings and temporary cash investments			33,513	2	-109,005
	3	Pledges and grants receivable, net			25,358	3	62,747
	4	Accounts receivable, net			40	4	0
	5	Loans and other receivables from current and for					<u> </u>
		trustees, key employees, and highest compensation					
		Complete Part II of Schedule L	0	5			
	6	Loans and other receivables from other disqualified person	ons (as defii	ned under section			
	İ	4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind contribu	ting employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' b	peneficiary			
Assets		organizations (see instructions). Complete Part II of Sche	edule L		0	6	
SS	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	3-,			,		1
		other basis Complete Part VI of Schedule D	10a	64,493			
	b	Less accumulated depreciation	10b	64,493	0	10c	0
	11	Investments—publicly traded securities	455,278	11	485,667		
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line	e 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11 .			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		514,282	16	439,495
	17	Accounts payable and accrued expenses	35,278	17	10,729		
	18	Grants payable	0	18	0		
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete I			0	21	0
es	22	Loans and other payables to current and former					
Liabilities		trustees, key employees, highest compensated		es, and			
ab		disqualified persons Complete Part II of Schedu		,	0	22	
_	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelate	•		0	24	0
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17–24) •	Complete Part X			
		of Schedule D		ļ	0	25	0
	26	Total liabilities. Add lines 17 through 25			35,278	26	10,729
		Organizations that follow SFAS 117 (ASC 958	3), check	here ▶ 🛛 and			
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.				
au	27	Unrestricted net assets .		ľ	23,726	27	-56,901
Balances	28	Temporarily restricted net assets			0	28	
Ē	29	Permanently restricted net assets		[455,278	29	485,667
or Fund		Organizations that do not follow SFAS 117 (ASC958),	check here	e ▶ ☐ and			
7		complete lines 30 through 34.	Oncon non	, , , , , , ,			
	30	Capital stock or trust principal, or current funds		-	0	30	
se	31	Paid-in or capital surplus, or land, building, or ed	nuinment:	fund · ·	0	31	
¥	32	Retained earnings, endowment, accumulated in			0	32	
Net Assets	33	Total net assets or fund balances	Joine, Of	Salor lating	479,004	33	428,766
_	34	Total liabilities and net assets/fund balances		·	514,282	34	439,495
		The second of the second secon			<u> </u>		.55,100

Form	990 (2018) South Dakota Association of Conservation Districts Inc	4	<u>6-6017029</u>	Pag	_{le} 12
Par	t 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	1	.091	,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	141	,521
3	Revenue less expenses Subtract line 2 from line 1	3			,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		479	,004
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			
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		428	,766
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII			. [
	<u> </u>		,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				\neg
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		_
	Schedule O				ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				4
	Separate basis Consolidated basis Both consolidated and separate basis		.	٠.	- 1
b	Were the organization's financial statements audited by an independent accountant?		2b	_	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2.4		
	separate basis, consolidated basis, or both		-		
	Separate basis Consolidated basis Both consolidated and separate basis			Ì	7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			,. l	
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c -		
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	\dashv	٠, ١
	Schedule O			ļ	` '
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			-	
va	the Single Audit Act and OMB Circular A-133?		3a	İ	Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	Ja	-+	^
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
	required addit or addits, explain why in scriedule of and describe any steps taken to undergo such addits.		Form 9	<u>an .</u>	2040)
			Form 9	3U (2	2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organiz	ation		•			Employer identification	number
	sociation of Conservati		 				17029
	son for Public Cha						
	is not a private founda h, convention of church	•					
=	ol described in section	•			. ,, ,	(^)(1).) 1
==	tal or a cooperative ho					:\	
	cal research organization			•		•	tor the
hospita	l's name, city, and state	•	· 				
	nization operated for the initial of		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6 A feder	al, state, or local gover	nment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)((v).	
	anization that normally in section 170(b)(1)			m a gove	rnmental (unit or from the gene	ral public
8 A comr	nunity trust described in	section 170(b)(1)(A)(vi). (Complete Part	II)			
	cultural research organ ersity or a non-land-gra ity						
receipts	inization that normally in from activities related from gross investment d by the organization a	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exceptior come (les	is, and (2) s section	no more than 33 1/3 511 tax) from busine	% of its
11 An orga	inization organized and	l operated exclusive	ly to test for public safe	ety See s	ection 509	9(a)(4).	
of one	inization organized and or more publicly suppor he box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or	section 50	09(a)(2). See section	າ 509(a)(3).
the	e I. A supporting organisupported organization(nization You must co	s) the power to regu	larly appoint or elect a				
cont orga c Type	e II. A supporting organ rol or management of the nization(s) You must on the little of the little o	ne supporting organi complete Part IV, S rated. A supporting o	zation vested in the sa ections A and C. organization operated i	me person n connect	ns that co son with, a	ntrol or manage the sand functionally integ	supported
d 🔲 Typ	upported organization(se III non-functionally in is not functionally integrated in the second in th	ntegrated. A suppor	ting organization opera	ated in coi	nection w	vith its supported orga	
	rement (see instruction						one volloop
	ck this box if the organi						e III
	tionally integrated, or T		illy integrated supporting	ng organiz	ation		
	e number of supported the following information	•	ed organization(s)			•	0
	ipported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
W-1				Yes	No		
(A)						;	
(B)							
(C)							
(D)					,		
(E)							
· · · · · · · · · · · · · · · · · · ·							
Total		問題を理解がある。	The second second second second second		11.00	٥١	0

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under · Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,508,818 1,384,108 1,022,614 998,669 464,435 5,378,644 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 n 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 0 0 1.508.818 1.384.108 1.022.614 998.669 Total. Add lines 1 through 3 464,435 5,378,644 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) Public support. Subtract line 5 from line 4 5,378,644 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1.508.818 1,384,108 464,435 Amounts from line 4. 1,022,614 998,669 5,378,644 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 14,263 13,709 13.039 13,966 15,772 70,749 Net income from unrelated business activities, whether or not the business is regularly carried on . . . 0 0 0 0 0 0 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 5,449,393 12 Gross receipts from related activities, etc. (see instructions) 730.516 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 98 70% 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 98 94% 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	ction A. Public Support		1				
Cale	ndar 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		1				
	sold or services performed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose		1				C
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513		\				C
4	Tax revenues levied for the		\				
	organization's benefit and either paid to		\	1			
	or expended on its behalf .						C
5	The value of services or facilities		\				
	furnished by a governmental unit to the		\				
	organization without charge						C
6	Total. Add lines 1 through 5	0	\ 0	0	0	0	C
7a	Amounts included on lines 1, 2, and 3		\				
	received from disqualified persons						C
þ	Amounts included on lines 2 and 3		\				
	received from other than disqualified		\				
	persons that exceed the greater of \$5,000		\				
	or 1% of the amount on line 13 for the year		\				C
С	Add lines 7a and 7b	0		0	0	0	
8	Public support (Subtract line 7c from			\			
	line 6)			1			C
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	∖(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 .	0	0		0	0	C
10a	Gross income from interest, dividends,			\		ļ	
	payments received on securities loans, rents,			\			
	royalties, and income from similar sources						C
þ	Unrelated business taxable income (less			\			,
	section 511 taxes) from businesses			\		l	_
	acquired after June 30, 1975 .						C
С	Add lines 10a and 10b	0	0		0	0	C
11	Net income from unrelated business			\ ;		ļ	
	activities not included in line 10b, whether			\			_
	or not the business is regularly carried on			<u>, </u>			C
12	Other income Do not include gain or				\		
	loss from the sale of capital assets				\		
	(Explain in Part VI)				-\		0
13	Total support. (Add lines 9, 10c, 11,				\		
4.4	and 12)	0]	0]	0	0	0	0
14	First five years. If the Form 990 is for the or organization, check this box and stop here.	-	econa, tnira, tourtr	i, or tiπn tax year a	is a section 501(c)(3)	. □
<u> </u>						•	<u> </u>
-	tion C. Computation of Public Sup				/	45	0.000/
15	Public support percentage for 2018 (line 8, c	• • • • • • • • • • • • • • • • • • • •	•	(f))	`\	15	0 00%
16	Public support percentage from 2017 Sched				\.	16	0 00%
	tion D. Computation of Investmen					4=	2 2221
17	Investment income percentage for 2018 (line		=	olumn (f))	/	17	0.00%
18	Investment income percentage from 2017 Sc				· · · \	18	0 00%
19a	33 1/3% support tests—2018. If the organi				\	and line 17 is	
_	not more than 33 1/3%, check this box and s	-	•		- '	2 1/20/	▶ ∟
D	33 1/3% support tests—2017. If the organic					•	
00	line 18 is not more than 33 1/3%, check this		=			1	~
20	Private foundation. If the organization did r	ot check a box on	ııne 14, 19a, or 19l	o, cneck this box a	na see instructions	\	▶ [

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.)

			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	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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a				
	(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		
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 Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	-	-
С	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)	4-		
- -	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 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	Ja		
	designated in the organization's organizing document?	5b		
С	Substitutions only. 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			- 1
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			ľ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			i
	(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

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

the supporting organization had an interest? If "Yes," provide detail in Part VI.

9a

9b

9c

10a

10b

Part	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)			<u></u>
	below, the governing body of a supported organization?	11a		
b	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		
Secti	on B. Type I Supporting Organizations		,	,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	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,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>	 	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	-
2	Did the organization operate for the benefit of any supported organization other than the supported		1	İ
	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,	2		ļ
Saati	supervised, or controlled the supporting organization	<u> </u>	l	<u> </u>
Secu	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		163	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	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	<u> </u>	L	
			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	ĺ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2]	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
-	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	
Secti	on 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 instru	ıction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)
•		ſ		
2	Activities Test Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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	1-2-		
L	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			l
	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	2b		
2	activities but for the organization's involvement	20	4	
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		b ,	
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	Ja	a), a	9 4
	of its supported organizations? If "Vas" describe in Part VI the role played by the organization in this regard	3h	ك	EK 1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nızatıor	ns must complete Sections	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	0	0
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	0	0
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	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	. 0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	o	. 0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		1	
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly intea	rated Type III supporting of	organization (see
instructions)	. 3	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)							
Section	on D - Distributions			Current Year						
	Amounts paid to supported organizations to accomplish exe	empt purposes								
2	Amounts paid to perform activity that directly furthers exem									
	organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations									
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations									
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI) See instructions									
7	Total annual distributions. Add lines 1 through 6		·							
8		he organization is respoi	nsive							
	(provide details in Part VI) See instructions									
9				(
10	Line 8 amount divided by line 9 amount			0 000						
	Section 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		<u> </u>							
3	Excess distributions carryover, if any, to 2018									
a	From 2013			·						
b	From 2014									
<u>C</u>	From 2015 .									
<u>d</u> _	From 2016									
	From 2017 .			<u> </u>						
f	Total of lines 3a through e	0								
g			0							
<u>h</u> _	Applied to 2018 distributable amount	ļ								
i	Carryover from 2013 not applied (see instructions)									
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f	0								
4	Distributions for 2018 from									
	Section D, line 7 \$ 0									
	Applied to underdistributions of prior years		0							
<u> </u>	Applied to 2018 distributable amount	<u> </u>								
<u>C</u>	Remainder Subtract lines 4a and 4b from 4	0								
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		0							
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 3j									
	and 4c	0	***							
8	Breakdown of line 7									
a	Excess from 2014 0			<u></u>						
b	Excess from 2015 . 0									
C	Excess from 2016 0									
d	Excess from 2017 0									
6	Excess from 2018									

Schedule A (F	orm 990 or 990-EZ) 2018	South Dakota Associa	ition of Conservation Districts li	nc	46-6017029	Page 8
Part VI	Supplemental Info	rmation. Provide the exp	lanations required by Part II, lir 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11	ne 10, Part II, line 17a or	17b, Part	
	B, lines 1 and 2, Pa	rt IV, Section C, line 1, Pa	art IV, Section D, lines 2 and 3, line 1e, Part V, Section D, lines	Part IV, Section E, lines	s 1c, 2a, 2b,	
			any additional information (See			
		<u> </u>				
	<u> </u>					
	•					
		·				
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		•				
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			······································			
						
						
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	-					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Employer identification number

46-6017029

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

South Dakota Association of Conservation Districts Inc.

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

j c	irt I-A Complete if	the organization is exempt und	ler section 501	(c) or is a section 527	organization.							
1		the organization's direct and indirect p	oolitical campaign	activities in Part IV (see in	structions for							
	definition of "political can	•										
2		y expenditures (see instructions)		▶ \$) 							
3		cal campaign activities (see instruction										
		the organization is exempt und										
1		excise tax incurred by the organization			} 							
2		excise tax incurred by organization m			; 							
3	=	ed a section 4955 tax, did it file Form	4720 for this year?		Yes No							
	Was a correction made?	·			☐ Yes ☐ No							
	If "Yes," describe in Part											
Pa		the organization is exempt unc			1(c)(3).							
1	•	expended by the filing organization t	for section 527 exe	•								
	activities	•		▶ \$								
2		îling organization's funds contributed	to other organizati									
	527 exempt function acti			▶ \$	·							
3	•	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,								
	line 17b .			▶ \$	0							
4		n file Form 1120-POL for this year?	•		Yes No							
5		ses and employer identification numb										
		ents. For each organization listed, en										
					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							
			(/		information in Part IV							
				T	1							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political							
	(a) Name	(b) Address	(c) EIN	T	(e) Amount of political contributions received and promptly and directly							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(1)	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(1)	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(2)	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(2)	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(2)	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(2)	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							
(2)	(a) Name		(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If							

Ρ	art II-A Complete if the organizatio under section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (elec	ction
	Check ▶ if the filing organization be name, address, EIN, expe	enses, and sl	hare of excess lo	bbying expenditu	res).	up member's
В	Check ▶ if the filing organization ch	-		trol" provisions a	1	
	Limits on Lobb (The term "expenditures" m	eans amounts	itures s paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence put					0
b	Total lobbying expenditures to influence a le	•	(direct lobbying)	•		0
C	Total lobbying expenditures (add lines 1a ar	nd 1b) .			0	0
d e	Other exempt purpose expenditures Total exempt purpose expenditures (add line	oc 1c and 1d\			0	0
f	Lobbying nontaxable amount. Enter the amount		ollowing table in bo	th		
•	columns		onoming table in bo	•••		0
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ng nontaxable amo	unt is:		
- [Not over \$500,000	20% of the	amount on line 1e			ł
	Over \$500,000 but not over \$1,000,000		lus 15% of the excess			
ŀ	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000		lus 10% of the excess			
ı	Over \$17,000,000	\$1,000,000		over \$1,500,000		
g	Grassroots nontaxable amount (enter 25% of			•	0	0
h	Subtract line 1g from line 1a If zero or less,				0	0
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	•		0	0
j 	If there is an amount other than zero on eith section 4911 tax for this year?	er line 1h or lir	ne 1ı, dıd the organı	zation file Form 472	20 reporting . [Yes No
	(Some organizations that made a se	ection 501(h)	g Period Under Se election do not ha structions for lines	ve to complete all	of the five columns	below.
_	Lobbyir	ng Expenditur	es During 4-Year	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
е —	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2018

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) a (election under section 501(h)).	nd has NOT f	iled	For	n 576	8	
For a	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed		(a	1)		(b)	
	cription of the lobbying activity	I .	res	No	Δ.	moui	nt
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	• • • • • • • • • • • • • • • • • • • •		X				
b		gh 1i)?	×				 .
c d		· 	x	Х			
e		-	^	Х			
f			-	$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$			
g			X				7,109
h		s?		Х			
i	Other activities?			Χ			
j	Total Add lines 1c through 1i						7,109
2a		?	_	Х			
b	, , ,		- 1				
C	, , , , , , , , , , , , , , , , , , , ,	³¹² . -					
d							
Far	rt III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	ection 501(c))(5),	or s	ectior	ł	
	001(0)(0).	·				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	om the prior year	?		3		I
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."	ered "No," Ol	R (b		t III-A	, line	3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts).	nte of	ŀ	1			_
-	political expenses for which the section 527(f) tax was paid).						
а			ľ	2a			
b			İ	2b			
С			Ī	2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16	2(e) dues	ĺ	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeduc	tible					
	lobbying and political expenditure next year?		ļ	4		**	
5	Taxable amount of lobbying and political expenditures (see instructions)			5			0
	t IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (a	ffiliated group lis	st), P	art II-	A, lines	1 an	d
•	ee instructions), and Part II-B, line 1. Also, complete this part for any additional information						
Part	II-A Line 1g The State of South Dakota requires anyone representing an organization to re	gister					
as a	lobbyist in order to speak on behalf of the organization before a legislative committee. The				- 		
Asso	ociation registered the executive director and the president of the board of directors as					·	
lobby	yists so that they might appear before legislative committees on behalf of the Association a	nd		- 			
its mi	nembers. During the legislative session, the primary activity of the Association was to monit	or					
legisl	slative activities and report on a weekly basis to the Association's membership. This report					- -	
took t	the form of an e-mail sent to each conservation district office and the Association's board of	of					

			A
a	a	е	4

Part IV Supplemental Information (continued)
directors It is a concise report of selected legislation that might be of interest to the members
and did not usually encourage or solicit action by the conservation districts. The Association's
registered lobbyists provided limited testimony 13 times to legislative committees, this testimony
was to normally provide technical information or to update the committees on the activities of the
conservation districts in assisting with the programs the committees had jurisdiction over
Nationally, the Association kept members informed on possible and pending legislation and rules and
how they might affect the conservation districts' activities. Information received from various
groups was usually forwarded to the conservation districts' e-mail accounts. In some instances, the
Association might provide a brief analysis of the information. The Association encouraged its
members to stay informed on political issues and become engaged, as the member deemed appropriate,
in the discussion. The Association's executive director has some contact in the form of e-mail and
phone calls with the Congressional offices, primarily at the initiation of the Congressional staff
The Association incurred few expenses in the activity since internet access is used for general
activities \$100.00 was paid to the State of South Dakota for two lobbyist registrations. Staff time
was estimated at one hour per week when the SD Legislature was not in session (42 weeks) and 12
hours per week during SD Legislature session (10 weeks) for a total of 163 hours and estimated value
of \$7,009 at \$43 per hour
·
· · · · · · · · · · · · · · · · · · ·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 2018

Open to Public Inspection

Name	of the organization		Employer identification number
South	Dakota Association of Conservation Districts li	nc	46-6017029
Pari		Advised Funds or Other Similar Fu	
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	-	
_	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	•	Yes No
Part			
		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e g , re	ecreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Heid at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer		2b
C	Number of conservation easements on a certification		2c
d	Number of conservation easements included in		
2	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, t	transferred, released, extinguished, or term	ninated by the organization during
4	the tax year Number of states where property subject to con-	nservation easement is located	
5	Does the organization have a written policy reg		handling of
•	violations, and enforcement of the conservation		. Yes No
6	Staff and volunteer hours devoted to monitoring, ins		
	>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing cons	ervation easements during the year
	▶ \$		<i>5 ,</i>
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the te	-	incial statements that describes the
	organization's accounting for conservation eas		
Part	Organizations Maintaining Collecti		
	Complete if the organization answere		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	The state of the s	
	public service, provide, in Part XIII, the text of t		
þ	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		on, or research in furtherance of
	public service, provide the following amounts re	-	.
	(i) Revenue included on Form 990, Part VIII, III	ne 1	\$
_	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art		
_	following amounts required to be reported under	, , ,	ems
a	Revenue included on Form 990, Part VIII, line		. 5

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0	·	0
b	Buildings	0	0	0	0
C	Leasehold improvements	0	0	0	0
d	Equipment .	0	64,493	64,493	0
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c)	•	0

Part VII	Investments—Other Securities.			
<u> </u>	Complete if the organization answere	ed "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 v Cost or end-of-year	
(1) Financia		0		
• •	held equity interests	0		
(3) Other _				
				
/ E\				
(F) (G)		<u> </u>		
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Related.	L		
	Complete if the organization answere	ed "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 v Cost or end-of-year	aluation
(1)				
(2)				
_(3)				
(4)				<u>_</u>
(5)				
(6)				
				 _
				<u></u>
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.	d "Vas" as Farm 000	Dort IV line 11d See Form	000 Bort V line 15
	Complete if the organization answere	escription	Part IV, line 11d See Form	(b) Book value
	(a) De	scription		(b) Book value
<u>(1)</u> (2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) lin	e 15)	•	0
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	ed "Yes" on Form 990,	Part IV, line 11e or 11f See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	0		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)	0	<u> </u>	
	uncertain tax positions In Part XIII, provide the			
organization's	s liability for uncertain tax positions under FIN 48	8 (ASC 740) Check here if t	he text of the footnote has been pro	ovided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statemen	-	Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	 	
d	Other (Describe in Part XIII)	2d	 _	
e	Add lines 2a through 2d .	•	. <u>2e</u>	0
3	Subtract line 2e from line 1 .		3	0
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		•
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·	5	0
Par	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Pa		er Return.	
1	Total expenses and losses per audited financial statements	iciv, mic iza.	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•		
a	Donated services and use of facilities	2a	l l	
b	Prior year adjustments	2b		
C	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		4b		
b	Other (Describe in Part XIII)	40		
	Other (Describe in Part XIII)	45	4c	0
	Add lines 4a and 4b		4c 5	0
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18			
c 5 Part	Add lines 4a and 4b	3).	5	0
5 Part Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.	Part IV, lines 1b and 2b,	Part V, line 4, Par	0
5 Part Provid 2, Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, and Yart XI, lines 2d and 4b, Also complete this part to part XII, lines 2d and 4b, Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par	0
5 Part Provid 2, Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par	0
5 Part Provide 2, Part Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to put III, lines 4 The Endowment Fund provides a foundation of support for natural resolution.	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par	0
5 Part Provide 2, Part Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, and Yart XI, lines 2d and 4b, Also complete this part to part XII, lines 2d and 4b, Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par	0
Part Provide 2, Pa Part \	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, and XII, lines 2d and 4b. Also complete this part to part XII, lines 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested.	Part IV, lines 1b and 2b, provide any additional info ources	Part V, line 4, Par ormation	t X, line
Part Provide 2, Pa Part \	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to put III, lines 4 The Endowment Fund provides a foundation of support for natural resolution.	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par ormation	t X, line
Part Provide 2, Part Part Conse	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, at XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to part XII, lines 4 The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the second of the second of the Association to the second of the Association to the second of the Association to the Second of the Second of the	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par	t X, line
Part Provide 2, Part Part Conse	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, and XII, lines 2d and 4b. Also complete this part to part XII, lines 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested.	Part IV, lines 1b and 2b, provide any additional info ources	Part V, line 4, Par	t X, line
Part Provide 2, Pa Part Conse	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, at XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to part XII, lines 4 The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the second of the second of the Association to the second of the Association to the second of the Association to the Second of the Second of the	Part IV, lines 1b and 2b, provide any additional info	Part V, line 4, Par	t X, line
Part Provide 2, Part Conse	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pure 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the goals of South Dakota's conservation districts - voluntary, self-governed ervation management and development of natural resources for our posterity.	Projects	Part V, line 4, Par	t X, line
Part Provide 2, Part Conse	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, at XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to put I Line 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the soundation of South Dakota investment interest is utilized by the Association to the goals of South Dakota's conservation districts - voluntary, self-governed.	Projects	Part V, line 4, Par	t X, line
C 5 Part Provide 2, Part \ Consecutive Con	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, at XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to point 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the goals of South Dakota's conservation districts - voluntary, self-governed ervation management and development of natural resources for our posterity. Forted include development & maintenance of a website to provide information and contributions and another the provide information and contributed include development & maintenance of a website to provide information and contributions and contributions of a website to provide information and contributions of a website to provide information and contributions of a website to provide information and contributions of a website to provide information and contributions of a website to provide information and contributions of a website to provide information and contributions of a website to provide information and contributions of a website to provide information and contributions.	Projects	Part V, line 4, Par	t X, line
C 5 Part Provide 2, Part \ Consecutive Con	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pure 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the goals of South Dakota's conservation districts - voluntary, self-governed ervation management and development of natural resources for our posterity.	Part IV, lines 1b and 2b, provide any additional info ources ed in	Part V, line 4, Par	t X, line
c 5 Part Provide 2, Part \ Consecutive Con	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, at XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to put I Line 4. The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested interest servation in South Dakota. Investment interest is utilized by the Association to the goals of South Dakota's conservation districts - voluntary, self-governed ervation management and development of natural resources for our posterity. Forted include development & maintenance of a website to provide information and ation resources concerning natural resources conservation, assisting support of	Projects	Part V, line 4, Par primation	t X, line
Part Provide 2, Part Conse	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to put the 4 The Endowment Fund provides a foundation of support for natural reservation in South Dakota. Contributions to the Fund are held in trust and invested in the goals of South Dakota's conservation districts - voluntary, self-governed envation management and development of natural resources for our posterity. Forted include development & maintenance of a website to provide information a lation resources concerning natural resources conservation, assisting support of its youth education programs such as Envirothon, FFA and SDSU Ag-Bio Ag D.	Part IV, lines 1b and 2b, provide any additional info ources ed in Projects and f ay, support	Part V, line 4, Par primation	t X, line
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Schedule D (Form 990) 2018	South Dakota Association of Conservation Districts Inc	46-6017029	Page 5
Part XIII Supplem	ental Information (continued)		
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SCHEDULEI (Form 990)

Department of the Treasury Name of the organization

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

Employer identification number

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

Dakota Association of Conservation Districts Inc	46-6017029	
General Information on Grants and Assistance		
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and	
the selection criteria used to award the grants or assistance?	X Yes	

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. Part II

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

Part

South Dakota Association of Conservation Districts Inc

1 (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) South Dakota State University Admn Bldg 133, Box 2201 Brookings,	46-0273801	3	16,949	0			
(2) Brookings Conservation District 205 Sixth St Brookings, SD 57006	46-6000067	conservation distric	19,088				
(3) Brown-Marshall Conservation Distr PO Box 73 Hecla, SD 57446-0073	46-6000184	conservation distric	12,060				
(4) Butte Conservation District 1307 Fifth Avenue Belle Fourche, SD	46-0307933	ponservation distric	34,015				
(5) Clark Co Conservation District 101 Warren Rd Clark, SD 57225-1712	41-6016611	ponservation distric	19,150				
(6) Day Co Conservation District 600 E Hwy 12 Suite 1 Webster, SD 57	46-6000534	46-6000534 conservation distric	18,380				
(7) Edmunds Co Conservation District PO Box 25 Ipswich, SD 57451-0025	46-6003854	46-6003854 conservation distric	5,865				
(8) Haakon Co Conservation District PO Box 130 Philip, SD 57567-0130	46-0311005	46-0311005 conservation distric	6,745				
(9) Hamlin Co Conservation District PO Box 165 Hayti, SD 57241-0165	46-0281214	conservation distric	5,560				
(10) Marshall Co Conservation District PO Box 8 Britton, SD 57430-0008	46-0259753	46-0259753 ponservation distric	8,540				
(11) Miner Co Conservation District							

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. HTA

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

8,953

601 W Farmer Ave Howard, SD 57349 46-6000209 ponservation district

414 E Stumer Rd Rapid City, SD 5770 46-0276989 bonservation district

(12) Pennington Conservation District

6,470

Schedule I (Form 990) (2018)

Page 2

South Dakota Association of Conservation Districts Inc

Schedule I (Form 990) (2018)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV ro

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· Schedule I
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(h) Purpose of grant or assistance ŏ Employer identification number 46-6017029 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (e) Amount of non-cash assistance 35,215 15,765 19,508 (d) Amount of cash 46-6003805_bonservation district 46-0308111 ponservation distric conservation distric (c) IRC section (if applicable) 46-6003765 South Dakota Association of Conservation Districts Inc (b) EIN 2018 SD Hwy 10 Ste A Sisseton, SD 57262-2 525 Enterprise Ste 300 Aberdeen, SD 57401 (14) South Brown Conservation District (a) Name and address of organization 628 Second St W Redfield, SD 57469 (15) Spink Co Conservation District (13) Roberts Conservation District or government Name of the organization Part II (54) (16) (17) 18 (19) (22) (23) (22) (36) (27) (28) (53) (20) (21)

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	Continuati	Continuation Sheet for Schedule I (Form 990)	Schedule I (r	orm sau)	Page 1 of ,1
Name of the organization					1
힣					46-6017029
Part III Continuation of Grants and Other Assistance to		Individuals in the United States	nited States		•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

46-6017029

Name of the organization South Dakota Association of Conservation Districts Inc 46-6017029 performance bonus for any employee, including the CEO. The governing body members complete an annual self-evaluation. Each board member receives the same compensation - \$75 for a one-day meeting. The governing body must vote by motion to change their compensation rates. Form 990, Part VI, Section C, Line 19. The Association's governing documents, policies and financial statements are distributed to all members and made available upon request.	
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