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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NATIONAL ASSOCIATION OF CONSERVATION DISTRICTS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

509 CAPITOL COURT NE

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20002

F Name and address of principal officer

TIM PALMER

509 CAPITOL COURT NE

WASHINGTON, DC 20002

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

74-1162773

E Telephone number

(202) 547-6223

G Gross receipts \$ 11,658,609

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NACDNET ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1953

M State of legal domicile WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization’s mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

Prior Year

Current Year

8,294,562

11,039,635

630,596

576,442

28,770

20,559

24,273

7,776

8,978,201

11,644,412

5,381,974

7,487,231

0

0

1,680,849

2,051,093

0

0

1,777,123

1,996,451

8,839,946

11,534,775

138,255

109,637

Beginning of Current Year

End of Year

2,080,485

2,629,150

436,563

873,618

1,643,922

1,755,532

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2020-05-27

Date

JEREMY PETERS CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01081188

Firm's name ▶ CALIBRE CPA GROUP PLLC

Firm's EIN ▶ 47-0900880

Firm's address ▶ 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814

Phone no (202) 331-9880

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	10,070,964	including grants of \$	7,487,231 )	(Revenue \$	22,963 )
See Additional Data							

<b>4b</b>	(Code )	(Expenses \$	352,200	including grants of \$		(Revenue \$	562,882 )
See Additional Data							

<b>4c</b>	(Code )	(Expenses \$	553,990	including grants of \$		(Revenue \$	)
See Additional Data							

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	187,242	including grants of \$		(Revenue \$		)

<b>4e</b>	<b>Total program service expenses ▶</b>	11,164,396					
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</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	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

	Yes	No
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 22	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	24	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 71		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 71		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

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

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 JEREMY PETERS 509 CAPITOL COURT NE WASHINGTON, DC 20002 (202) 547-6223

## 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 ☐

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

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

[illegible]

## Part VII

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	420,046	0	43,436

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

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

## Section B. Independent Contractors

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

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

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



Form 990 (2018)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a					
	b Membership dues . . . . .	1b	1,074,876				
	c Fundraising events . . . . .	1c	68,260				
	d Related organizations . . . . .	1d					
	e Government grants (contributions) . . . . .	1e	9,685,460				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	211,039				
	g Noncash contributions included in lines 1a - 1f \$ . . . . .		68,260				
	h Total. Add lines 1a-1f . . . . . ▶		11,039,635				
Program Service Revenue			Business Code				
	2a MEETINGS . . . . .		900099	562,882	562,882		
	b FRIENDS OF NACD . . . . .		900099	8,560	8,560		
	c . . . . .						
	d . . . . .						
	e . . . . .						
	f All other program service revenue . . . . .			5,000	5,000		
	9 Total. Add lines 2a-2f . . . . . ▶		576,442				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		20,559				20,559
	4 Income from investment of tax-exempt bond proceeds . . . . . ▶						
	5 Royalties . . . . . ▶						
			(i) Real	(ii) Personal			
	6a Gross rents . . . . .						
	b Less rental expenses . . . . .						
	c Rental income or (loss) . . . . .						
	d Net rental income or (loss) . . . . . ▶						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory . . . . .						
	b Less cost or other basis and sales expenses . . . . .						
	c Gain or (loss) . . . . .						
	d Net gain or (loss) . . . . . ▶						
	8a Gross income from fundraising events (not including \$ 68,260 of contributions reported on line 1c) See Part IV, line 18 . . . . . a		0				
	b Less direct expenses . . . . . b		1,627				
	c Net income or (loss) from fundraising events . . . . . ▶		-1,627				-1,627
	9a Gross income from gaming activities See Part IV, line 19 . . . . . a						
	b Less direct expenses . . . . . b						
	c Net income or (loss) from gaming activities . . . . . ▶						
	10a Gross sales of inventory, less returns and allowances . . . . . a		21,973				
b Less cost of goods sold . . . . . b		12,570					
c Net income or (loss) from sales of inventory . . . . . ▶		9,403		9,403			
Miscellaneous Revenue		Business Code					
11a . . . . .							
b . . . . .							
c . . . . .							
d All other revenue . . . . .							
e Total. Add lines 11a-11d . . . . . ▶							
12 Total revenue. See Instructions . . . . . ▶		11,644,412		585,845	0	18,932	

Form 990 (2018)

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,487,231	7,487,231		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	231,179	215,379	15,800	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	1,280,289	1,219,172	61,117	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	50,695	48,065	2,630	
<b>9</b> Other employee benefits.	356,121	337,849	18,272	
<b>10</b> Payroll taxes.	132,809	126,469	6,340	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	8,323	6,163	2,160	
<b>c</b> Accounting.	67,075	49,671	17,404	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	5,943	4,401	1,542	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	278,718	206,398	72,320	
<b>12</b> Advertising and promotion.	8,391	8,391		
<b>13</b> Office expenses.	209,115	137,783	71,332	
<b>14</b> Information technology.	41,442	160	41,282	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	21,235	20,405	830	
<b>17</b> Travel.	792,280	790,851	1,429	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	380,572	380,572		
<b>20</b> Interest.	1,812		1,812	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	15,105	14,515	590	
<b>23</b> Insurance.	28,484	27,366	1,118	
<b>24</b> 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):				
<b>a</b> DONATIONS	43,682		43,682	
<b>b</b> TAXES	35,518	34,125	1,393	
<b>c</b> COMMUNICATIONS	28,892	27,054	1,838	
<b>d</b> SUBSCRIPTIONS AND DUES	28,692	21,204	7,488	
<b>e</b> All other expenses	1,172	1,172		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	11,534,775	11,164,396	370,379	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		219,333	<b>1</b>	1,037,765	
	<b>2</b>	Savings and temporary cash investments . . . . .		113,433	<b>2</b>	69,798	
	<b>3</b>	Pledges and grants receivable, net . . . . .		872,629	<b>3</b>	592,592	
	<b>4</b>	Accounts receivable, net . . . . .		5,597	<b>4</b>	29,565	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			<b>9</b>		
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	1,163,290			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	894,830	255,065	<b>10c</b>	268,460
	<b>11</b>	Investments—publicly traded securities . . . . .		614,428	<b>11</b>	630,970	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		2,080,485	<b>16</b>	2,629,150		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		402,832	<b>17</b>	252,313	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		33,731	<b>19</b>	621,305	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .			<b>25</b>		
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		436,563	<b>26</b>	873,618	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		929,494	<b>27</b>	945,245	
	<b>28</b>	Temporarily restricted net assets . . . . .		239,570	<b>28</b>	335,429	
	<b>29</b>	Permanently restricted net assets . . . . .		474,858	<b>29</b>	474,858	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,643,922	<b>33</b>	1,755,532		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,080,485	<b>34</b>	2,629,150		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,644,412
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,534,775
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	109,637
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,643,922
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,973
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,755,532

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 74-1162773  
**Name:** NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Form 990 (2018)

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

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

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

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

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

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

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

<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>						
(Code	)	(Expenses \$	187,242	including grants of \$	) (Revenue \$	)
GOVERNMENT AFFAIRS - EDUCATE MEMBERS OF CONGRESS AND STAFF ABOUT KEY CONSERVATION ISSUES AND PRIORITIES AND HELP DEVELOP AND REVIEW LEGISLATION SUCH AS THE FARM BILL AND THE CLEAN WATER ACT						
(Code	)	(Expenses \$		including grants of \$	) (Revenue \$	)
OTHER PROGRAM SERVICE REVENUE INCLUDES REIMBURSEMENT INCOME						



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEVIN LAW ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
BILL THOMAS ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
BOB BARRY ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
ALEX SCHMIDT ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
DENISE SAVAGEAU ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
KRIS SWARTZ ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
GARY BLAIR ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
IAN CUNNINGHAM ..... SECRETARY-TREASURER	2 00 .....	X		X				0	0	0
JIM BERLIER ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
DAVID DAIGLE ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANKLIN WILLIAMS ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
KIM LAFLEUR ..... SECOND VICE PRESIDENT	2 00 .....	X		X				0	0	0
KIT TILLOTSON ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
LUTHER SMITH ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
MICHAEL CROWDER ..... FIRST VICE PRESIDENT	2 00 .....	X		X				0	0	0
ORVAL GIGSTAD ..... REGION CHAIR/BOARD MEMBER	2 00 .....	X						0	0	0
TIM PALMER ..... PRESIDENT	10 00 .....	X		X				0	0	0
LINDA BROWNSON ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
TOM WEHRI ..... EXECUTIVE BOARD	2 00 .....	X						0	0	0
CHRIS RAINWATER ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD PETTIT ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
CAROL KNIGHT ..... BOARD MEMBER	2 00 .....	X						0	0	0
MICKY SMITH ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ROCKY HARRELL ..... BOARD MEMBER	2 00 .....	X						0	0	0
MARTHA D MANLEY ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
DANIELLE MELEAH ..... BOARD MEMBER	2 00 .....	X						0	0	0
SOLIALOFI TUAUMU ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
FRANK KRENTZ ..... BOARD MEMBER	2 00 .....	X						0	0	0
MARK KUETCHEL ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
PAUL WILLIAMS ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD BUTZ ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
BOB WARNER ..... BOARD MEMBER	2 00 .....	X						0	0	0
GARY THRASH ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JEFFREY FOLGER ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
EDWIN ALEXANDER ..... BOARD MEMBER	2 00 .....	X						0	0	0
ROLAND HILL ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ANDREW JACKSON ..... BOARD MEMBER	2 00 .....	X						0	0	0
LINDA MINTON ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
GLENN HARRIS ..... BOARD MEMBER	2 00 .....	X						0	0	0
DANNY HOGAN ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WOODY SNELL ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
MICHAEL AGUON ..... BOARD MEMBER	2 00 .....	X						0	0	0
CAROL TAYAMA ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
BRENDA IOKEPA-MOSES ..... BOARD MEMBER	2 00 .....	X						0	0	0
MAE NAKAHATA ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
DENNIS CARNEY ..... BOARD MEMBER	2 00 .....	X						0	0	0
JACK BOYER ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
RICHARD KUNAU ..... BOARD MEMBER	2 00 .....	X						0	0	0
STEVE STIERWALT ..... BOARD MEMBER	2 00 .....	X						0	0	0
TOM BEYERS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER WENNING ..... BOARD MEMBER	2 00 .....	X						0	0	0
MARC ROBERTS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ALLEN ROTH ..... BOARD MEMBER	2 00 .....	X						0	0	0
JERRY CLASEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JEFF RICE ..... BOARD MEMBER	2 00 .....	X						0	0	0
DAVID ROWLETT ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JOHN ALAN WILLIAMS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JOE SMITH ..... BOARD MEMBER	2 00 .....	X						0	0	0
CAROLYN SHORES NESS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
FRANK RICHARDSON ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE YERKES ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
CAROL WEYMOUTH ..... BOARD MEMBER	2 00 .....	X						0	0	0
ANDREW REED ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ARTHUR PELON ..... BOARD MEMBER	2 00 .....	X						0	0	0
GERALD MILLER ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
KURT BECKSTROM ..... BOARD MEMBER	2 00 .....	X						0	0	0
PAUL KRABbenhOFT ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
RYAN BRITT ..... BOARD MEMBER	2 00 .....	X						0	0	0
RON WILLIS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
EDWARD DELEON GUERRERO ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETE HUNTER ..... BOARD MEMBER	2 00 .....	X						0	0	0
JERRY SMITH ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
STEVE HEDSTROM ..... BOARD MEMBER	2 00 .....	X						0	0	0
DEAN ROGGE ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JOHN FINCH ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ROGER CHRISTENSON ..... BOARD MEMBER	2 00 .....	X						0	0	0
KEITH BARTHOLOMAY ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
LARRY REYNOLDS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
DORN COX ..... BOARD MEMBER	2 00 .....	X						0	0	0
JOSEPH LOMAX ..... BOARD MEMBER	2 00 .....	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND CYWINSKI ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JIM WILLIAMS ..... BOARD MEMBER	2 00 .....	X						0	0	0
CAMILLE GRAHAM ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JAKE TIBBITTS ..... BOARD MEMBER	2 00 .....	X						0	0	0
JOE SICKINGS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
SAM CASELLA ..... BOARD MEMBER	2 00 .....	X						0	0	0
MATT PEART ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JIMMY EMMONS ..... BOARD MEMBER	2 00 .....	X						0	0	0
LARRY WRIGHT ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
TERRI PREEG RIGGSBY ..... BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF ROLA ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
CLIFFORD LANE ..... BOARD MEMBER	2 00 .....	X						0	0	0
KELLY STAGEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JOEL VEGA ..... BOARD MEMBER	2 00 .....	X						0	0	0
THOMAS TARO ..... BOARD MEMBER	2 00 .....	X						0	0	0
PORTIA FRANZ ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
RICHARD WENT ..... BOARD MEMBER	2 00 .....	X						0	0	0
CASSIUS SPEARS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
STERLING SADLER ..... BOARD MEMBER	2 00 .....	X						0	0	0
KENNY MULLIS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCES FRITZ ..... BOARD MEMBER	2 00 .....	X						0	0	0
KARL JENSEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
RAY WEAVER ..... BOARD MEMBER	2 00 .....	X						0	0	0
ROY GILLIS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
BILL GRAY ..... BOARD MEMBER	2 00 .....	X						0	0	0
RICKEY JAMES ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
ROBERT BARRY ..... BOARD MEMBER	2 00 .....	X						0	0	0
ALLEN HENRIE ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
STEVEN MEEKS ..... BOARD MEMBER	2 00 .....	X						0	0	0
JOHN PETERSON ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENITA MARTIN ..... BOARD MEMBER	2 00 .....	X						0	0	0
LINDA CORSE ..... BOARD MEMBER	2 00 .....	X						0	0	0
RICHMOND HOPKINS ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
DOUG RUSHTON ..... BOARD MEMBER	2 00 .....	X						0	0	0
WADE TROUTMAN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
MONTE OSTERMAN ..... BOARD MEMBER	2 00 .....	X						0	0	0
DAVID SOLIN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
JOE GUMM ..... BOARD MEMBER	2 00 .....	X						0	0	0
TIMOTHY VANREENEN ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
TODD HEWARD ..... BOARD MEMBER	2 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN RICE ..... ALTERNATE BOARD MEMBER	2 00 .....	X						0	0	0
BRENT VAN DYKE ..... IMMEDIATE PAST PRESIDENT	10 00 .....			X				22,500	0	0
JEREMY PETERS ..... CHIEF EXECUTIVE OFFICER	40 00 .....			X				182,229	0	17,556
RICHARD L DUESTERHAUS ..... DIRECTOR OF PROJECTS AHD PARTNERSHIPS	40 00 .....					X		110,864	0	5,158
DEBRA A BOGAR ..... SENIOR ADVISOR	40 00 .....					X		104,453	0	20,722

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF CONSERVATION DISTRICTS

Employer identification number

74-1162773

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar 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 grant ")	2,222,127	4,849,483	3,931,695	8,294,562	11,039,635	30,337,502
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	2,222,127	4,849,483	3,931,695	8,294,562	11,039,635	30,337,502
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						30,337,502

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	2,222,127	4,849,483	3,931,695	8,294,562	11,039,635	30,337,502
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,099	22,971	18,452	28,770	20,559	124,851
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,787			26,424	5,000	37,211
11	<b>Total support.</b> Add lines 7 through 10						30,499,564
12	Gross receipts from related activities, etc. (see instructions)					12	3,085,978
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 99.470 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b> 99.290 %
<b>16a</b>	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
<b>b</b>	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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)	1	
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt 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 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 74-1162773  
Name: NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

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

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
<b>2</b>	Political campaign activity expenditures (see instructions)	▶ \$ _____
<b>3</b>	Volunteer hours for political campaign activities (see instructions)	_____

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," describe in Part IV	

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,774													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	8,774													
<b>d</b> Other exempt purpose expenditures	11,524,690													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	11,533,464													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	726,673													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	181,668													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	471,207	343,166	590,828	726,673	2,131,874
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,197,811
<b>c</b> Total lobbying expenditures	1,611	9,063	15,307	8,774	34,755
<b>d</b> Grassroots nontaxable amount	99,052	85,792	147,707	181,668	514,219
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					771,329
<b>f</b> Grassroots lobbying expenditures	1,611	9,063	15,307	8,774	34,755

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
------------------	-------------



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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number  
74-1162773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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

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

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	614,428	591,550	538,996	514,496	565,292
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	22,532	27,108	55,243	29,684	-2,796
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,990	4,230	2,689	-5,184	48,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	630,970	614,428	591,550	538,996	514,496

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

**a** Board designated or quasi-endowment ▶

**b** Permanent endowment ▶

**c** Temporarily restricted endowment ▶

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

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		1,037,133	768,719	268,414
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		126,157	126,111	46
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				268,460

Part VII

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

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	11,667,592
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,973
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	19,580
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	21,553
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,646,039
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,627
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-1,627
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	11,644,412

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	11,553,641
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	18,866
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	18,866
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,534,775
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	11,534,775

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 74-1162773  
**Name:** NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

**Supplemental Information**

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

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF ITS UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS UNDER CURRENT STANDARDS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME OF CONSOLIDATED AFFILIATE 19,580



Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON PART VIII -1,627

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON PART VIII 1,627 EXPENSES OF CONSOLIDATED AFFILIATE 17,239

## Supplemental Information Regarding Fundraising or Gaming Activities

# 2018

### Open to Public Inspection

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a**  
**▶ Attach to Form 990 or Form 990-EZ.**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

74-1162773

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>LIVE AUCTION</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	68,260			68,260
	<b>2</b> Less Contributions . . . . .	68,260			68,260
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	1,627			1,627
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,627
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-1,627

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

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

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

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

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

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

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

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number

74-1162773

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 222

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 74-1162773  
Name: NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA SWCD 9173 W BARNES DR STE C BOISE, ID 83709	82-0263828	501(C)(3)	37,500				TECHNICAL ASSISTANCE
AHTNA INTERTRIBAL RESOURCE COMMISSION PO BOX 406 GLENNALLEN, AK 99588	94-2216653	501(C)(3)	44,247				TECHNICAL ASSISTANCE



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ALAMEDA COUNTY RCD 3585 GREENVILLE ROAD SUITE 2 LIVERMORE, CA 94550	94-2216653	501(C)(3)	37,500				TECHNICAL ASSISTANCE
ALLEN CO SWCD'S 3718 NEW VISION DRIVE FORT WAYNE, IN 46845	16-0872410	501(C)(3)	12,727				TECHNICAL ASSISTANCE

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AMADOR COUNTY RCD 12200-B AIRPORT RD JACKSON, CA 95642	71-0393899	501(C)(3)	80,380				TECHNICAL ASSISTANCE
APACHE NRCD 823 E MAIN STREET PO BOX 329 SPRINGERVILLE, AZ 85938	85-0317635	501(C)(3)	55,000				TECHNICAL ASSISTANCE

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ARKANSAS ASSOCIATION OF CONSERVATION DISTRICTS 4004 MCCAIN BLVDSTE 201-B NORTH LITTLE ROCK, AR 72116	82-0294688	501(C)(3)	46,000				TECHNICAL ASSISTANCE
ARKANSAS ASSOCIATION OF RC&D COUNCILS 2058 HIGHWAY 95 SOLGOHACHIA, AR 72156	58-1755213	501(C)(3)	60,000				TECHNICAL ASSISTANCE

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BARBOUR SWCD 18 NERN STREET LAYTON, AL 36016	63-0573517	501(C)(3)	60,000				TECHNICAL ASSISTANCE
BARNWELL SWCD 100 FULDNER RD BARNWELL, SC 29812	57-0462772	501(C)(3)	42,000				TECHNICAL ASSISTANCE

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BECKER SWCD (EAST OTTER TRAIL MAHNOMEN SWCD'S) 809 8TH ST SE DETROIT LAKES, MN 56501	41-0994150	501(C)(3)	58,358				TECHNICAL ASSISTANCE
BENEWAH SWCD PO BOX 488 900 E STREET PLUMMER, ID 83851	82-6001638	501(C)(3)	15,000				TECHNICAL ASSISTANCE

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BIG SANDY NRCD 10437 S HWY 93 KINGMAN, AZ 86401	47-2182104	501(C)(3)	52,500				TECHNICAL ASSISTANCE
BIG THOMPSON PO BOX 441 BERTHOUD, CO 80513	84-6000147	501(C)(3)	50,784				TECHNICAL ASSISTANCE

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BLACKFEET TRIBAL CONSERVATION DISTRICT PO BOX 850 BROWNING, MT 59417	81-0212955	501(C)(3)	106,609				TECHNICAL ASSISTANCE
BLOUNT COUNTY SOIL CONSERVATION DISTRICT 221 COURT STREET MARYVILLE, TN 37804	62-1036788	501(C)(3)	49,052				TECHNICAL ASSISTANCE

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BRUNEAU RIVER SOIL CONSERVATION DISTRICT PO BOX 590 BRUNEAU, ID 83604	81-0306100	501(C)(3)	21,000				TECHNICAL ASSISTANCE
BUENA VISTA POCAHONTAS CHEROKEE SWCD 1617 N LAKE AVENUE STORM LAKE, IA 50588	42-6270071	501(C)(3)	20,000				TECHNICAL ASSISTANCE



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BUTTE SWCD PO BOX 819 ARCO, ID 83212	82-0233828	501(C)(3)	35,500				TECHNICAL ASSISTANCE
CACHUMA RESOURCE CONSERVATION DISTRICT 920 EAST STOWELL RD SANTA MARIA, CA 93454	77-0324192	501(C)(3)	31,200				TECHNICAL ASSISTANCE

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CALHOUN SWCD 905 HIGH STREET SUITE 1 ROCKWELL CITY, IA 50579	42-1219452	501(C)(3)	18,360				TECHNICAL ASSISTANCE
CAPE ATLANTIC 6260 OLD HARDING HIGHWAY MAYS LANDING, NJ 08330	22-6204833	501(C)(3)	58,471				TECHNICAL ASSISTANCE

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CARIBE SCD PLAZA JUANA DIAZ MALL OFFICE B-19 JUANA DIAZ, PR 00795	66-0222560	501(C)(3)	140,200				TECHNICAL ASSISTANCE
CARLTON SWCD 808 3RD STREET CARLTON, MN 55718	41-1710300	501(C)(3)	3,800				TECHNICAL ASSISTANCE

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CARROLL CD 909 C FREEMAN SWITCH ROAD BERRYVILLE, AR 72616	71-0395182	501(C)(3)	32,500				TECHNICAL ASSISTANCE
CARROLL SWCD 1405 HWY 65 N SUITE C CARROLLTON, MO 64633	23-7039295	501(C)(3)	22,581				TECHNICAL ASSISTANCE

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CEDAR SWCD BOX 47 21 NORTH MAIN SELFRIDGE, ND 58568	45-0273320	501(C)(3)	31,455				TECHNICAL ASSISTANCE
CHAMPAIGN COUNTY SWCD 2110 WEST PARK COURT SUITE C CHAMPAIGN, IL 618212986	37-0918769	501(C)(3)	30,000				TECHNICAL ASSISTANCE

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CHESHIRE COUNTY CD 11 INDUSTRIAL PARK DRIVE WALPOLE, NH 03648	02-0300901	501(C)(3)	37,500				TECHNICAL ASSISTANCE
CHESTER COUNTY CD 688 UNIONVILLE ROAD SUITE 200 KENNETT SQUARE, PA 19348	23-1703039	501(C)(3)	11,348				TECHNICAL ASSISTANCE

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CHOUTEAU CD 1210 25TH STREET PO BOX 309 FORT BENTON, MT 59442	81-6012786	501(C)(3)	17,160				TECHNICAL ASSISTANCE
CLAIBORNE SCD 2178 HWY 25E SUITE 2 TAZEWELL, TN 37879	62-1030389	501(C)(3)	2,091				TECHNICAL ASSISTANCE

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CLARENDON SOIL AND WATER CONSERVATION 13 W RIGBY ST MANNING, SC 29102	57-6022351	501(C)(3)	2,500				TECHNICAL ASSISTANCE
CLARKE COUNTY SWCD 709 FURNAS DRIVE STE 3 OSCEOLA, IA 50213	90-0210430	501(C)(3)	32,000				TECHNICAL ASSISTANCE



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CLAYTON COUNTY SWCD 500 GUNDER ROAD NE SUITE B ELKADER, IA 52043	42-1222228	501(C)(3)	7,500				TECHNICAL ASSISTANCE
COAHOMA COUNTY SWCD 2655 NORTH STATE STREET ROOM 103 CLARKSDALE, MS 38614	64-0465433	501(C)(3)	42,500				TECHNICAL ASSISTANCE

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COARSEGOLD RCD PO BOX 1306 NORTH FORK, CA 93643	77-0419362	501(C)(3)	11,250				TECHNICAL ASSISTANCE
CONNECTICUT RIVER COASTAL CD (NORTH CENTRAL CDEASTERN CD) DEKOVEN HOUSE COMMUNITY CENTER 27 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0733567	501(C)(3)	28,000				TECHNICAL ASSISTANCE

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CORTLAND COUNTY SWCD 100 GRANGE PLACE ROOM 202 CORTLAND, NY 13045	16-0872410	501(C)(3)	20,709				TECHNICAL ASSISTANCE
COTTONWOOD SWCD 339 9TH STREET WINDOM, MN 56101	41-1353312	501(C)(3)	86,250				TECHNICAL ASSISTANCE

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COVINGTON COUNTY CD 23952 ALABAMA HWY 55 SUITE 1 ANDALUSIA, AL 36420	63-0795242	501(C)(3)	11,250				TECHNICAL ASSISTANCE
CRAWFORD-SEBASTIAN COOPERATIVE CD 3913 BROOKEN HILL DRIVE SUITE 200 FT SMITH, AR 72908	71-0393899	501(C)(3)	37,500				TECHNICAL ASSISTANCE

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CUMBERLAND COUNTY SWCD 35 MAIN STREET SUITE 3 WINDHAM, ME 04062	01-0318050	501(C)(3)	-35,858				TECHNICAL ASSISTANCE
CURRY COUNTY SWCD PO BOX 666 GOLD BEACH, OR 97444	93-0736921	501(C)(3)	28,084				TECHNICAL ASSISTANCE

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CUSTER COUNTY CONSERVATION DISTRICT 1725 S HIGHWAY 183 SUITE 104 CLINTON, OK 73601	73-0944758	501(C)(3)	18,300				TECHNICAL ASSISTANCE
DANE COUNTY LAND CONSERVATION DEPARTMENT 5201 FEN OAK DRIVE ROOM 208 MADISON, WI 53718	39-6005684	501(C)(3)	110,000				TECHNICAL ASSISTANCE

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DELTA CONSERVATION DISTRICT 690 INDUSTRIAL BLVD DELTA, CO 81416	84-6010950	501(C)(3)	28,836				TECHNICAL ASSISTANCE
DESCHUTES SWCD 18602 COUCH MARKET ROAD BEND, OR 97703	93-1140742	501(C)(3)	23,278				TECHNICAL ASSISTANCE

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DEWITT COUNTY SWCD (PIATT SWCD'S MACON) 5920 REVERE RD CLINTON, IL 61727	37-0810360	501(C)(3)	37,188				TECHNICAL ASSISTANCE
DONA ANA SWCD 760 STERN DRIVE SUITE 118 LAS CRUCES, NM 88012	85-0317635	501(C)(3)	37,500				TECHNICAL ASSISTANCE



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DORCHESTER SCD 204 CEDAR STREET SUITE 200 CAMBRIDGE, MD 21613	52-1253950	501(C)(3)	27,210				TECHNICAL ASSISTANCE
DUBUQUE SWCD 210 BIERMAN RD EPWORTH, IA 52045	42-1187927	501(C)(3)	25,600				TECHNICAL ASSISTANCE

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DUNN COUNTY LAND AND WATER CONSERVATION 800 WILSON AVE ROOM 330 MENOMONIE, WI 54751	39-6005690	501(C)(3)	20,000				TECHNICAL ASSISTANCE
DUPLIN SWCD 165 AGRICULTURE DRIVE SUITE B KENANSVILLE, NC 28349	56-6000296	501(C)(3)	47,500				TECHNICAL ASSISTANCE

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EAST CASSIA SWCD 1361 E 16TH STREET BURLEY, ID 83318	82-0265791	501(C)(3)	9,000				TECHNICAL ASSISTANCE
FAIRBANKS SWCD 590 UNIVERSITY AVE SUITE 2 FAIRBANKS, AK 99709	26-2182239	501(C)(3)	11,000				TECHNICAL ASSISTANCE

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FLEMING SWCD 74 BYRON WAY SUITE B FLEMINGSBURG, KY 41041	61-6002891	501(C)(3)	35,000				TECHNICAL ASSISTANCE
FOREST COUNTY LAND CONSERVATION DEPARTMENT 200 EAST MADISON STREET COURTHOUSE CRANDON, WI 54520	39-6005697	501(C)(3)	17,321				TECHNICAL ASSISTANCE

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FRANKLIN COUNTY CD 343 WEST 23RD STREET SUITE 2 OTTAWA, KS 66067	48-6087333	501(C)(3)	32,500				TECHNICAL ASSISTANCE
FREMONT COUNTY SWCD 503 WEST STREET PO BOX 490 SIDNEY, IA 51652	42-1217307	501(C)(3)	5,560				TECHNICAL ASSISTANCE

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FULTON COUNTY CONSERVATION DISTRICT PO BOX 335 SALEM, AR 72576	71-0565522	501(C)(3)	18,446				TECHNICAL ASSISTANCE
GENESEE CONSERVATION DISTRICT 1525 N ELMS RD FLINT, MI 48532	38-1723780	501(C)(3)	57,500				TECHNICAL ASSISTANCE

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GENEVA COUNTY SWCD 1706 W MAGNOLIA AVE GENEVA, AL 36340	63-0483860	501(C)(3)	20,000				TECHNICAL ASSISTANCE
GEORGIA ASSOCIATION OF CD'S 8207 GA HWY 37 CAMILLA, GA 31730	58-2539935	501(C)(3)	138,125				TECHNICAL ASSISTANCE

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GILLIAM SWCD PO BOX 106 CONDON, OR 97823	93-0974555	501(C)(3)	31,265				TECHNICAL ASSISTANCE
GLACIERLAND RC&D COUNCIL INC PO BOX 11203 GREEN BAY, WI 54307	39-1813461	501(C)(3)	9,900				TECHNICAL ASSISTANCE



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GLENN COUNTY RCD 132 N ENRIGHT AVENUE SUITE C WILLOWS, CA 95988	68-0457187	501(C)(3)	24,461				TECHNICAL ASSISTANCE
GOLDEN SANDS RC&D COUNCIL INC 1100 MAIN ST SUITE 150 STEVENS POINT, WI 54481	39-1451323	501(C)(3)	55,462				TECHNICAL ASSISTANCE

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GOODING SCD 820 MAIN STREET GOODING, ID 83330	82-0294688	501(C)(3)	31,500				TECHNICAL ASSISTANCE
GRANT COUNTY CONSERVATION DISTRICT 1107 S JUNIPER DRIVE MOSES LAKE, WA 98837	75-3182146	501(C)(3)	33,657				TECHNICAL ASSISTANCE

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GRANT COUNTY LAND CONSERVATION DEPT 150 W ALONA LN LANCASTER, WI 53813	39-6005698	501(C)(3)	10,000				TECHNICAL ASSISTANCE
GREEN COUNTY LAND AND WATER CONSERVATION DISTRICT 1627 4TH AVE WEST MONROE, WI 53566	39-6005699	501(C)(3)	10,213				TECHNICAL ASSISTANCE

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HAMDEN-HAMPSHIRE CONSERVATION DISTRICT 195 RUSSELL STREET SUITE B6 HADLEY, MA 01035	61-1808524	501(C)(3)	8,750				TECHNICAL ASSISTANCE
HAMILTON COUNTY SWCD 1101 E RANDOLPH STREET MCLEANSBORO, IL 62859	37-0919550	501(C)(3)	45,782				TECHNICAL ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARNEY COIL & WATER CONSERVATION DISTRICT PO BOX 848 HINES, OR 97738	93-6036314	501(C)(3)	25,000				TECHNICAL ASSISTANCE
HAWAII ASSOCIATION OF CD'S PO BOX 1411 WAILUKU, HI 96793	99-0266119	501(C)(3)	23,500				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENDRY SOIL AND WATER CD 1085 PRATT BLVD SALLAS TOWNSEND ARGICULTURAL BUILDING LABELLE, FL 33935	23-7375290	501(C)(3)	39,000				TECHNICAL ASSISTANCE
HILLSBOROUGH SWCD 201 S COLLINS STREET SUITE 202 PLANT CITY, FL 33563	45-3450272	501(C)(3)	11,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HINDS COUNTY SWCD 322 NEW MARKET DR JACKSON, MS 39209	64-0544967	501(C)(3)	40,500				TECHNICAL ASSISTANCE
HOMER SOIL & WATER CONSERVATION DISTRICT 432 E PIONEER SUITE D HOMER, AK 99603	92-0161947	501(C)(3)	30,263				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPKINS SWCD 1505 RICHMOND ROAD IRVINE, KY 40336	61-6016982	501(C)(3)	37,000				TECHNICAL ASSISTANCE
HORRY SWCD 1949 INDUSTRIAL PARK RD ROOM 125 CONWAY, SC 29526	57-6004158	501(C)(3)	55,000				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON COUNTY CD 1849 ROSS CLARK CIRCLE SUITE 3 DOTHAN, AL 36301	69-0675798	501(C)(3)	37,500				TECHNICAL ASSISTANCE
HOWARD SWCD 311 7TH STREET SW SUITE 2 CRESCO, IA 52136	42-1113769	501(C)(3)	20,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT COUNTY RCD 5630 SOUTH BROADWAY EUREKA, CA 95503	68-0343035	501(C)(3)	37,209				TECHNICAL ASSISTANCE
HUMPHREYS COUNTY SWCD 304 WEST JACKSON STREET BELZONI, MS 39038	64-0134513	501(C)(3)	25,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN NATIONS CONSERVATION ALLIANCE (ROCKY BOY FORT BELKNAP AND CROW) 350 NYE ROAD TWIN BRIDGES, MT 59754	30-0094371	501(C)(3)	79,216				TECHNICAL ASSISTANCE
IZARD COUNTY CD PO BOX 276 MELBOURNE, AR 72556	71-0448535	501(C)(3)	26,129				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON SWCD 89 ALDER CENTRAL POINT, OR 97502	93-6028145	501(C)(3)	4,000				TECHNICAL ASSISTANCE
JEFFERSON COUNTY CONSERVATION DISTRICT 221 WITHERS DRIVE MOUNT VERNON, IL 62864	37-0810421	501(C)(3)	25,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY CONSERVATION DISTRICT 1514 ROUTE 28 BROOKVILLE, PA 15825	25-1284880	501(C)(3)	28,100				TECHNICAL ASSISTANCE
KANSAS ASSOCIATION OF CONSERVATION DIST 414 AUTUMN LANE HAYS, KS 67601	30-0661669	501(C)(3)	162,500				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT CD 3260 EAGLE PARK DR NE SUITE 111 GRAND RAPIDS, MI 49525	38-2134644	501(C)(3)	31,750				TECHNICAL ASSISTANCE
KITTITAS COUNTY CD 2211 W DOLARWAY RD STE 4 ELLENSBURG, WA 98926	91-6000987	501(C)(3)	29,374				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOOTENAI-SHOSHONE SWCD 7830 MEADOWLARK WAY SUITE C-1 COEURDALENE, ID 83835	82-0249239	501(C)(3)	25,752				TECHNICAL ASSISTANCE
LAKE COUNTY CONSERVATION DISTRICT 64352 US HWY 93 RONAN, MT 59864	81-3622864	501(C)(3)	44,220				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAPEER CD 700 S MAIN ST SUITE 120-C LAPEER, MI 48446	38-6034410	501(C)(3)	51,144				TECHNICAL ASSISTANCE
LARAMIE COUNTY CONSERVATION DISTRICT 11221 US HWY 30 CHEYENNE, WY 82009	83-0182907	501(C)(3)	20,500				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE COUNTY CONSERVATION DISTRICT 13075 AL HWY 157 STE 4 MOULTON, AL 35650	63-0507927	501(C)(3)	54,000				TECHNICAL ASSISTANCE
LEA SWCD 401 TATUM HIGHWAY LOVINGTON, NM 88260	85-0173665	501(C)(3)	-10,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH COUNTY CONSERVATION DISTRICT 4184 DORNEY PARK ROAD SUITE 105 ALLENTOWN, PA 18104	23-2767492	501(C)(3)	54,219				TECHNICAL ASSISTANCE
LEWIS & CLARK NRD PO BOX 518 HARTINGTON, NE 68739	47-0544306	501(C)(3)	39,260				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINGLE FORT LARAMIE CONSERVATION DISTRICT 1441 EAST M ST STE B TORRINGTON, WY 82240	83-0266928	501(C)(3)	500				TECHNICAL ASSISTANCE
LITTLE BEAVER CONSERVATION DISTRICT 141 SOUTH 4TH STREET W PO BOX 917 BAKER, MT 59313	81-0338909	501(C)(3)	15,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVINGSTON (MCLEAN) COUNTY SWCD 1510 W REYNOLDS ST PONTIAC, IL 61764	37-0817191	501(C)(3)	28,000				TECHNICAL ASSISTANCE
LOGAN COUNTY CD 2227 IRON MOUND DR SUITE B GUTHRIE, OK 73044	73-0722168	501(C)(3)	18,300				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LONGMONT (BOULDER VALLEY) CONSERVATION DISTRICT 9595 NELSON ROAD BOX D LONGMONT, CO 80501	84-6014126	501(C)(3)	22,273				TECHNICAL ASSISTANCE
LOWER BIG BLUE NRD PO BOX 826 BEATRICE, NE 68310	47-0542417	501(C)(3)	43,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER MUSSELSHELL SWCD 109 RAILROAD AVE EAST ROUNDUP, MT 59072	81-0417913	501(C)(3)	15,000				TECHNICAL ASSISTANCE
LOWER NIOBRARA NRD 410 WALNUT ST PO BOX 350 BUTTE, NE 68722	47-0542458	501(C)(3)	36,664				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LOWER PLATTE SOUTH NRD 3125 PORTIA ST LINCOLN, NE 68521	47-0542969	501(C)(3)	32,500				TECHNICAL ASSISTANCE
LUMBERJACK RC&D COUNCIL INC 315 SOUTH ONEDIA AVE SUITE 206 RHINELANDER, WI 54501	39-1451327	501(C)(3)	7,800				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MADISON COUNTY SWCD 815 E HIGHWAY 92 WINTERSET, IA 50273	42-1214011	501(C)(3)	18,000				TECHNICAL ASSISTANCE
MANISTEE CONSERVATION DISTRICT 8840 CHIPPEWA HWY BEAR LAKE, MI 49614	38-6029280	501(C)(3)	15,000				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON COUNTY LAND CONSERVATION DEPARTMENT 210 RIVER DRIVE WAUSAU, WI 54403	39-6005716	501(C)(3)	20,000				TECHNICAL ASSISTANCE
MARION COUNTY SWCD 1455 LAKE DRIVE SUITE 1 KNOXVILLE, IA 50138	42-1316638	501(C)(3)	6,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE COUNTY CD 780 COMMERCE DRIVE SUITE C MARQUETTE, MI 49855	38-2057703	501(C)(3)	22,500				TECHNICAL ASSISTANCE
MASHANTUCKET PEQUOT TRIBAL NATION 2 MATTS PATH PO BOX 3060 MASHANTUCKET, CT 06338	06-0995554	501(C)(3)	10,269				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MASSACHUSETTS ASSOCIATION CD 319 LITTLETON ROAD SUITE 205 WESTFORD, MA 01886	04-3041642	501(C)(3)	31,500				TECHNICAL ASSISTANCE
MCDONOUGH COUNTY SWCD (WARREN COUNTY SWCD) 1607 W JACKSON STREET MACOMB, IL 61455	37-0905280	501(C)(3)	20,904				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEAGHER COUNTY CONSERVATION DISTRICT PO BOX 589 WHITE SULPHUR SPRINGS, MT 59645	81-0381640	501(C)(3)	21,499				TECHNICAL ASSISTANCE
MERRIMACK COUNTY CD 10 FERRY STREET SUITE 211 CONCORD, NH 03301	02-0475773	501(C)(3)	30,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLE NIOBRARA NRD 303 EAST HWY 20 VALENTINE, NE 69201	47-0542827	501(C)(3)	69,000				TECHNICAL ASSISTANCE
MIDLAND CONSERVATION DISTRICTS 954 E ISABELLA RD MIDLAND, MI 48640	38-1745500	501(C)(3)	19,250				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MISSION RESOURCE CONSERVATION DISTRICT 1588 SOUTH MISSION ROAD FALLBROOK, CA 92028	95-3696090	501(C)(3)	23,401				TECHNICAL ASSISTANCE
MISSISSIPPI ASSOCIATION OF CONSERVATION DISTRICTS PO BOX 23005 JACKSON, MS 39225	64-0639964	501(C)(3)	10,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MONROE COUNTY SCD 517 HWY 145 NORTH SUITE 6 ABERDEEN, MS 39730	64-0593989	501(C)(3)	5,000				TECHNICAL ASSISTANCE
MONROE COUNTY SWCD 1701 SOUTH B STREET 100 ALBIA, IA 52531	42-1219256	501(C)(3)	8,374				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MONTCALM CONSERVATION DISTRICT 77 S STATE STANTON, MI 48888	38-1781623	501(C)(3)	28,348				TECHNICAL ASSISTANCE
MONTGOMERY COUNTY SWCD 1013 SOUTH STURGEON MONTGOMERY CITY, MO 63361	43-1405460	501(C)(3)	7,875				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOREHOUSE SWCD 9604 MARLATT STREET BASTROP, LA 71220	72-6009570	501(C)(3)	61,600				TECHNICAL ASSISTANCE
MORGAN CONSERVATION DISTRICT 200 WEST RAILROAD AVE FORT MORGAN, CO 80701	84-0647436	501(C)(3)	16,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MORRIS SWCD PO BOX 0900 MORRISTOWN, NJ 07963	22-1832971	501(C)(3)	88,900				TECHNICAL ASSISTANCE
MUSCOGEE (CREEK) NATION NRCD PO BOX 580 2951 N WOOD DR RM 220 OKMULGEE, OK 74447	73-0932018	501(C)(3)	18,750				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NAPA COUNTY RCD 1303 JEFFERSON STREET NAPA, CA 94559	94-1569332	501(C)(3)	108,143				TECHNICAL ASSISTANCE
ND CDE ASSOCIATION 123 MAIN STREET PO BOX 346 MCCLUSKY, ND 58463	45-0420359	501(C)(3)	25,360				TECHNICAL ASSISTANCE

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NEMAHA NRD 62161 HIGHWAY 136 TECUMSEH, NE 68450	47-0542968	501(C)(3)	35,000				TECHNICAL ASSISTANCE
NEVADA ASSOCIATION OF CONSERVATION DISTRICTS PO BOX 145 CALIENTE, NV 89008	86-0850958	501(C)(3)	59,000				TECHNICAL ASSISTANCE

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NEW HAMPSHIRE ASSOCIATION OF CD'S PO BOX 2311 CONCORD, NH 03301	02-0332297	501(C)(3)	26,634				TECHNICAL ASSISTANCE
NEW MEXICO ASSOC OF CONSERVATION DISTRICTS 163 TRAIL CANYON ROAD CARLSBAD, NM 88220	85-0411367	501(C)(3)	121,553				TECHNICAL ASSISTANCE

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NODAWAY SWCD 502 W SOUTH HILLS DRIVE SUITE 101 MARYVILLE, MO 64468	43-1117905	501(C)(3)	19,831				TECHNICAL ASSISTANCE
NORTH CAROLINA DEPT OF AGRICULTURE AND CONSUMER SERVICES 1614 MAIL SERVICE CENTER RALEIGH, NC 27699	56-6000732	501(C)(3)	140,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTH ST LOUIS SWCD 307 1ST STREET SUITE 114 VIRGINIA VIRGINIA, MN 55792	41-1304741	501(C)(3)	37,500				TECHNICAL ASSISTANCE
NORTHAMPTON COUNTY CD 14 GRACEDALE AVE GREYSTONE BLDG NAZARETH, PA 18064	24-6000741	501(C)(3)	6,785				TECHNICAL ASSISTANCE

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NORTHEAST ELKO CD 1002 HOG TOMMY RD 5 SPRING CREEK, NV 89815	88-6030963	501(C)(3)	12,500				TECHNICAL ASSISTANCE
NORTHEAST PROWERS SCD 100 SOUTH SWAFFORD STREET PO BOX 535 HOLLY, CO 81047	84-0383719	501(C)(3)	11,800				TECHNICAL ASSISTANCE



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NORTHERN RHODE ISLAND CD 2283 HARTFORD AVE JOHNSTON, RI 02919	05-0297354	501(C)(3)	36,813				TECHNICAL ASSISTANCE
OCONEE SOIL & WATER CONSERVATION DISTRICT 301 WEST SOUTH BROAD STREET WALHALLA, SC 29691	57-0369135	501(C)(3)	35,000				TECHNICAL ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO FEDERATION OF SWCD (FOR ADAMS BROWN & SCIOTO) 8995 E MAIN ST REYNOLDSBURG, OH 43068	34-1377997	501(C)(3)	37,593				TECHNICAL ASSISTANCE
OKANOGAN CD 1251 2ND AVENUE SOUTH ROOM 102 OKANOGAN, WA 98840	91-0937458	501(C)(3)	37,500				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA COUNTY CONSERVATION DISTRICT 4850 N LINCOLN BLVD STE B OKLAHOMA CITY, OK 73105	73-0722673	501(C)(3)	36,456				TECHNICAL ASSISTANCE
ORANGEBURG COUNTY CONSERVATION DISTRICT 1550 HENLEY ST NE ROOM 103 ORANGEBURG, SC 29115	57-0773966	501(C)(3)	30,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTSEGO SWCD 967 COUNTY HIGHWAY 33 COOPERSTOWN, NY 13326	16-0911414	501(C)(3)	6,800				TECHNICAL ASSISTANCE
PALM BEACH SWCD 420 S STATE ROAD 7 SUITE 162 ROYAL PALM BEACH, FL 33414	59-1882169	501(C)(3)	9,263				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMER SWCD 1508 E BOGARD RD WASILLA, AK 99654	92-0131671	501(C)(3)	11,000				TECHNICAL ASSISTANCE
PALOUSE-ROCK LAKE CD 3 NORTH PARK STREET ST JOHN, WA 99171	91-0641225	501(C)(3)	57,250				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAPIO-MISSOURI RIVER NRD 8901 S 154TH ST OMAHA, NE 68138	47-0542469	501(C)(3)	29,760				TECHNICAL ASSISTANCE
PENNINGTON WEST POLK 201 SHERWOOD AVE S THIEF RIVER FALLS, MN 56701	41-0996595	501(C)(3)	-13,427				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERKINS COUNTY CD 604 COLEMAN AVE PO BOX 189 BISON BISON, SD 57620	46-0277027	501(C)(3)	13,596				TECHNICAL ASSISTANCE
PIKE COUNTY SWCD 1319 W WASHINGTON STREET PITTSFIELD, IL 62363	37-0812501	501(C)(3)	15,500				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLK SWCD 1333 E BROADWAY BOLIVAR, MO 65613	43-0986876	501(C)(3)	8,750				TECHNICAL ASSISTANCE
PONTOTOC COUNTY CONSERVATION DISTRICT 1328 CRADDOCK ROAD ADA, OK 74820	73-1016772	501(C)(3)	18,300				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPO AGIE CD 221 S 2ND STREET LANDER, WY 82520	83-0235966	501(C)(3)	50,000				TECHNICAL ASSISTANCE
POWER COUNTY SCD 2769 FAIRGROUNDS RD AMERICAN FALLS, ID 83211	82-6001943	501(C)(3)	7,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PR ASSN OF CONSERVATION DISTRICTS PO BOX 200 AGUADA, PR 00602	66-0915522	501(C)(3)	16,250				TECHNICAL ASSISTANCE
RHODE ISLAND ASSOCIATION OF CD'S 5 ANAN WADE RD NORTH SCITUATE, RI 02857	05-0427057	501(C)(3)	152,772				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK ISLAND SWCD 3020 E 1ST AVE MILAN, IL 61264	36-2478023	501(C)(3)	6,000				TECHNICAL ASSISTANCE
SAN JOAQUIN COUNTY RCD 7585 SOUTH LONGE STREET STOCKTON, CA 95206	68-0376811	501(C)(3)	30,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN CONSERVATION DISTRICT 505A CR 600 PAGOSA SPRINGS, CO 81147	33-1091710	501(C)(3)	6,500				TECHNICAL ASSISTANCE
SAN MATEO RCD 80 STONE PINE ROAD SUITE 100 HALF MOON BAY, CA 94019	94-6036491	501(C)(3)	32,304				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT COUNTY CD 8370 HILLDALE RD DAVENPORT, IA 52806	42-1383769	501(C)(3)	40,000				TECHNICAL ASSISTANCE
SEBASTIAN SCD (& CRAWFORD SCD) 3913 BROOKEN HILL DRIVE FORT SMITH, AR 72908	71-0393899	501(C)(3)	21,607				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADIA SWCD PO BOX 1935 CROWLEY, LA 70526	72-6009570	501(C)(3)	43,600				TECHNICAL ASSISTANCE
SHAVANO SCD 102 PAR PLACE STE 4 MONTROSE, CO 81401	84-6000225	501(C)(3)	34,726				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIAWASSEE CONSERVATION DISTRICT 1900 S MORRICE RD OWOSSO, MI 48867	38-2060722	501(C)(3)	24,500				TECHNICAL ASSISTANCE
SMITH COUNTY SWCD 125 GORDONSVILLE HIGHWAY SUITE 400 CARTHAGE, TN 37030	62-1325307	501(C)(3)	11,250				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONOMA RCD 1221 FARMERS LANE SUITE F SANTA ROSA, CA 95405	95-2863255	501(C)(3)	63,655				TECHNICAL ASSISTANCE
SOUTHERN RHODE ISLAND CD PO BOX 1636 KINGSTON, RI 02881	05-0396550	501(C)(3)	37,500				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN AND NORTHERN GUAM SWCD 303 UOG/CNAS UNIVERSITY DRIVE MANGILAO, GU 96923	66-0775027	501(C)(3)	18,000				TECHNICAL ASSISTANCE
SOUTHWEST BAGER RC&D PO BOX 753 PLATTEVILLE, WI 53818	39-1759169	501(C)(3)	10,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST SWCD PO BOX 1081 GUNICA, PR 00653	66-0756609	501(C)(3)	129,205				TECHNICAL ASSISTANCE
SPOKANE CONSERVATION DISTRICT 210 NORTH HAVANA STREET SPOKANE, WA 99202	91-0911235	501(C)(3)	17,600				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE TRIBE OF INDIANS PO BOX 100 WELLPINIT, WA 99040	91-0606339	501(C)(3)	34,334				TECHNICAL ASSISTANCE
ST JOHN VALLEY SWCD 139 MARKET STREET SUITE 106 FORT KENT, ME 04743	01-0359481	501(C)(3)	7,917				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S SOIL CONSERVATION DISTRICT 26737 RADIO STATION WAY SUITE B LEONARDTOWN, MD 20650	52-0886580	501(C)(3)	37,500				TECHNICAL ASSISTANCE
STEARNS COUNTY SWCD 110 - 2ND STREET S SUITE 128 WAITE PARK, MN 56353	41-0966601	501(C)(3)	68,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STODDARD SWCD 18450 RIDGEVIEW LANE DEXTER, MO 63841	43-0907051	501(C)(3)	28,581				TECHNICAL ASSISTANCE
SURRY SWCD PO BOX 218 DOBSON, NC 27017	56-6000341	501(C)(3)	36,875				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSSEX CONSERVATION DISTRICT 23818 SHORTLY ROAD GEORGETOWN, DE 19947	51-0064330	501(C)(3)	65,125				TECHNICAL ASSISTANCE
SUWANNEE SWCD 1525-B OHIO AVENUE SOUTH LIVE OAK, FL 32064	59-2409962	501(C)(3)	47,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALBOT SOIL CONSERVATION DISTRICT 28577 MARYS CT STE 3 EASTON, MD 21601	52-0893862	501(C)(3)	23,290				TECHNICAL ASSISTANCE
TEHACHAPI RESOURCE CONSERVATION DISTRICT 321 WEST C STREET TEHACHAPI, CA 93561	95-3614781	501(C)(3)	20,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS SOIL AND WATER COMMISSION (5 DISTRICTS) 1497 COUNTRY VIEW LANE TEMPLE, TX 76504	74-6002381	501(C)(3)	179,867				TECHNICAL ASSISTANCE
TIOGA COUNTY CD 1867 SHURNWAY HILL RD WELLSBORO, PA 16901	23-1889054	501(C)(3)	34,580				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE-CHINO WINDS NRCD 8841 E FLORENTINE RD SUITE C PRESCOTT VALLEY, AZ 86314	86-0507746	501(C)(3)	64,000				TECHNICAL ASSISTANCE
TULARE RCD (20K) 3530 W ORCHARD CT VISALIA, CA 93277	91-2197116	501(C)(3)	1,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN FALLS (SNAKE RIVER & BALANCE ROCK CD'S) 1441 FILLMORE ST SUITE A TWIN FALLS, ID 83301	82-6001967	501(C)(3)	22,000				TECHNICAL ASSISTANCE
TYONEK TRIBAL CONSERVATION DISTRICT 1689 C STREET STE 219 ANCHORAGE, AL 99501	27-0671847	501(C)(3)	16,650				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMATILLA COUNTY SWCD 1 SW NYE AVE SUITE 130 PENDLETON, OR 97801	93-0708539	501(C)(3)	-2,320				TECHNICAL ASSISTANCE
UNION COUNTY SWCD 201 SPRINGFIELD AVE ANNA, IL 62906	37-0813419	501(C)(3)	27,325				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UPPER WILLAMETTE SWCD 780 BAILEY HILL RD STE 5 EUGENE, OR 97402	93-0988518	501(C)(3)	23,350				TECHNICAL ASSISTANCE
UTAH ASSOCIATION OF CD'S PO BOX 4117 LOGAN, UT 84323	87-0403151	501(C)(3)	36,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAN BUREN CD 1035 E MICHIGAN AVE PAW PAW, MI 49079	42-1302775	501(C)(3)	49,000				TECHNICAL ASSISTANCE
VAN BUREN SCD 1016 FRANKLIN STREET KEOSAUQUA, IA 52565	42-1302775	501(C)(3)	45,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENANGO COUNTY CD 1793 CHERRYTREE ROAD FRANKLIN, PA 16323	23-2888545	501(C)(3)	5,000				TECHNICAL ASSISTANCE
VERMONT ASSOCIATION OF CD PO BOX 566 WAITSFIELD, VT 05673	03-0237066	501(C)(3)	116,250				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGIN ISLANDS DEPARTMENT OF AGRICULTURE ST CROIX LOCATION 1 ESTATE LOWER LOVE KINGSHILL, VI 00850	66-0431678	501(C)(3)	11,000				TECHNICAL ASSISTANCE
WAKE SWCD 4001 SUITE D CARYA DRIVE ARGICULTUR L SERVICES BUILDING RALEIGH, NC 27610	56-1638075	501(C)(3)	54,250				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLOWA SWCD 401 NE 1ST STREET SUITE E ENTERPRISE, OR 97828	93-0653305	501(C)(3)	27,662				TECHNICAL ASSISTANCE
WAPELLO COUNTY SWCD 2938 OAK MEADOW DR SUITE 2 OTTUMWA, IA 52501	42-1155450	501(C)(3)	10,000				TECHNICAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN SOIL & WATER CONSERVATION DISTRICT 909 E 2ND AVE STE B INDIANOLA, IA 50125	42-1307782	501(C)(3)	7,750				TECHNICAL ASSISTANCE
WASHINGTON COUNTY CONSERVATION DISTRICT PO BOX U AKRON, CO 80815	84-1351550	501(C)(3)	11,141				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY SOIL CD 1105 EAST JACKSON BLVD SUITE 3 JONESBOROUGH, TN 37659	62-6000897	501(C)(3)	17,250				TECHNICAL ASSISTANCE
WASHINGTON COUNTY SWCD 801 ANSON ST SALEM, IN 47167	35-1265394	501(C)(3)	22,650				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CONSERVATION DISTRICT PO BOX 200 AGUADA, PR 00602	66-0903755	501(C)(3)	11,250				TECHNICAL ASSISTANCE
WHITE COUNTY SWCD 1105 WEST MAIN STREET CARMI, IL 62821	37-0914947	501(C)(3)	30,000				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSBURG SWCD 502 MARTIN LUTHER KING JR HIGHWAY KINGSTREE, SC 29556	57-0485643	501(C)(3)	5,000				TECHNICAL ASSISTANCE
WILL-SOUTH COOK SWCD 1201 S GOUGAR ROAD NEW LENOX, IL 60451	37-2786751	501(C)(3)	54,500				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON COUNTY SOIL CD 925 EAST BADDOUR PKWY SUITE 101 LEBANON, TN 37087	62-1330005	501(C)(3)	4,420				TECHNICAL ASSISTANCE
WINKELMAN NATURAL RESOURCE CD PO BOX 486 KEARNY KEARNY, AZ 85137	86-0932080	501(C)(3)	37,500				TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER COUNTY CD 52 BOYDEN ROAD SUITE 107 HOLDEN, MA 01520	22-2578196	501(C)(3)	37,500				TECHNICAL ASSISTANCE
YORK COUNTY CONSERVATION DISTRICT 118 PLEASANT ACRES ROAD YORK, PA 17402	23-2215184	501(C)(3)	41,600				TECHNICAL ASSISTANCE

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number

74-1162773

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

Yes No

**1b**

**2**

Yes

**4a**

No

**4b**

No

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

No

**7**

No

**8**

No

**9**

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

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

[illegible]



**Part III**   **Supplemental Information**

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

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS

Employer identification number  
74-1162773

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( AUCTION ITEMS )	X	67	68,260	FAIR MARKET VALUES
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29

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

29

30a

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

Yes

No

30a

No

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

31

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

Yes

No

31

No

32a

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

Yes

No

32a

No

b If "Yes," describe in Part II

33

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

Yes

No

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

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

Return Reference

Explanation

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

Department of the Treasury

Name of the organization  
NATIONAL ASSOCIATION OF  
CONSERVATION DISTRICTS**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

74-1162773

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

990 Schedule O, Supplemental Information

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



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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