Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change DISHMAN HILLS CONSERVANCY Name change DISHMAN HILLS NATURAL AREA 91-6087260 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 509-747-8147 PO BOX 8536 termin-ated 616,978. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SPOKANE, WA 99203 H(a) Is this a group return Applica-F Name and address of principal officer: JEFF LAMBERT Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.DISHMANHILLS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1966 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: ACQUIRING LAND AND MAINTAINING Activities & Governance 838 ACRES OF CONSERVATION LAND IN SPOKANE COUNTY, WASHINGTON. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 100 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 241,329. 337,459.Contributions and grants (Part VIII, line 1h) Revenue 201. 0. Program service revenue (Part VIII, line 2g) 380. 65,615. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13.317.15,672. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 418,746. 228,593. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 43,227. 36,409. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 45,701. 47,916. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 82,110. 91,143. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 327,603. 146,483. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,493,986. 2,351,723. 20 Total assets (Part X, line 16) 200,994. 70,860. 21 Total liabilities (Part X, line 26) 423,126. 2,150,729. Net assets or fund balances. Subtract line 21 from line 20 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 Date Sign JEFF LAMBERT, EXECUTIVE DIRECTOR Here

	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JAMES R HARLESS CPA	JAMES R HARLESS CPA	03/21/19 self-employed P00011472
Preparer	Firm's name SCHOEDEL & SCHOE	DEL, CPAS PLLC	Firm's EIN ▶ 91-0614823
Use Only	Firm's address 422 W RIVERSIDE	AVE, STE 1420	
	SPOKANE, WA 9920	1-0395	Phone no. (509)747-2158
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Ves No

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DISHMAN HILLS CONSERVANCY

Par	t 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:
	THE DISHMAN HILLS CONSERVANCY MISSION IS TO PROTECT THE NATURAL
	ECOSYSTEM IN THE DISHMAN HILLS AREA FOR WILDLIFE HABITAT, NATURE
	EDUCATION AND RECREATION IN THE DISHMAN HILLS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$48,387. including grants of \$) (Revenue \$)
	OUTREACH PROGRAM: THE DISHMAN HILLS CONSERVANCY HAS A STRONG OUTREACH
	PROGRAM TO ENGAGE THE COMMUNITY INCLUDING HIKES TO CONSERVATION
	PROPERTIES, NATURE WALKS, AND PRESENTATIONS OPEN TO THE PUBLIC OR TO
	COMMUNITY ORGANIZATIONS. THE DISHMAN HILLS CONSERVANCY HIKE SERIES HAD
	1150 PARTICIPANTS IN 2018. THE NATURE WALKS AND EDUCATION PROGRAMS
	SERVED 650 STUDENTS AND ADULTS.
	A F12
4b	(Code:) (Expenses \$ 4,513. including grants of \$) (Revenue \$)
	EDUCATION AND PUBLICATIONS: THE DISHMAN HILLS CONSERVANCY CONDUCTS A
	DAY PROGRAM IN THE SPRING. THE "KIDS IN THE HILLS" WAS CONDUCTED IN
	CONJUNCTION WITH THE SPOKANE SCHOOL DISTRICT AND HAD ALMOST 500
	PARTICIPANTS. THE DISHMAN HILLS CONSERVANCY PUBLISHES A NEWSLETTER AND
	MAINTAINS A WEBSITE TO PROMOTE CONSERVATION IN THE DISHMAN HILLS AND SPOKANE COUNTY. THE NEWSLETTER HAS ARTICLES ON CONSERVATION AND
	SPOKANE COUNTY. THE NEWSLETTER HAS ARTICLES ON CONSERVATION AND ECOLOGY, CURRENT EVENTS AND ACQUISTITIONS. THE DISHMAN HILLS
	CONSERVANCY USES EMAIL, POSTAL DELIVERY AND SOCIAL MEDIA TO COMMUNICATE
	OUR WORK AND EVENTS.
	OOK MONTE WILD EARLING
4c	(Code:) (Expenses \$ 9,707. including grants of \$) (Revenue \$)
	CONSERVATION LAND ACQUISITION & STEWARDSHIP: THE DISHMAN HILLS
	CONSERVANCY ACQUIRES AND MANAGES CONSERVATION LANDS. AS OF THE END OF
	2018, THE DISHMAN HILLS CONSERVANCY OWNED OVER 1,000 ACRES, HAS
	CONSERVATION EASEMENTS ON 25 ACRES AND CO-MANAGES THE DISHMAN HILLS
	NATURAL RESOURCE CONSERVATION AREA WITH SPOKANE COUNTY AND WASHINGTON
	STATE. THE OVERALL CONSERVATION LAND IN THE DISHMAN HILLS INCLUDES
	ABOUT 3,000 ACRES. OTHER PROJECTS INCLUDED TRAIL CONSTRUCTION AND
	MAINTENANCE, SIGNAGE, ECOLOGICAL RESTORATION, WEED CONTROL, AND
	TRAILHEAD IMPROVEMENTS. DISHMAN HILLS CONSERVANCY PROVIDED 2,500 HOURS
	OF VOLUNTEER STEWARDSHIP WORK. THE STEWARDSHIP WORK IS GUIDED BY A
	FOREST MANAGEMENT PLAN WITH A GOAL OF RESTORING NATIVE HABITAT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 62,607.
	Form 990 (2018)

Form 990 (2018) DISHMAN HILLS CONSERVANCY Part IV Checklist of Required Schedules

	·			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
4				x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated limit of the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Cahadula D. Parta VI and VII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		122
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	441.		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Α.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\ .	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV	Checklist of Ro	equired Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	P. J. J. J. B. J. S. B. J. G. M. Was II as well to Collect to L. D. J. D.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4		34		х
35.5		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- ^ `
30		38	х	
Par	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in Box 3 of Form 1096. Enter 40-11 not applicable 1b 0	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(garronney) with inigo to prize with leto:	IC		

DISHMAN HILLS CONSERVANCY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	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	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	` '			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	· ·			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7-		Х
	to file Form 8282?		7с		$\overline{}$
d	If "Yes," indicate the number of Forms 8282 filed during the year		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file of the organization file organization file of the organization file organization file of the organization file of the organization file of the organization file or		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,···		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	D. I		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı			
		13b			
		13c			77
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	h in a new o			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year la										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14										
2											
_	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a		<u> </u>									
74	more members of the governing body?	7a		Х							
b		- ra									
b		7b		Х							
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5									
		8a	х								
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X								
b		OD									
9	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	9		x							
<u>Soc</u>	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		22							
000	Table B. 1 Offices (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa									
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
		Ha									
12a	Didd to the state of the state	12a	х								
b		12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120									
·	in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent	17									
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
•		150	х								
a h		15a 15b	 	Х							
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130									
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
iua		16a		Х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		- 23							
D											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch									
<u>Soc</u>	exempt status with respect to such arrangements?	16b									
	List the states with which a copy of this Form 990 is required to be filed ►WA										
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	e only) avail	ahlo							
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, avalle	aDI C							
	X Own website Another's website Upon request Other (explain in Schedule O)										
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finas	cial								
19		ı ııılaf	ulal								
20	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 ► THE ORGANIZATION - 509-747-8147										
	PO BOX 8536, SPOKANE, WA 99203										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			ed any current officer, o	(E)	(F)	
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated	
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MICHAEL HAMILTON	7.00										
TRUSTEE		Х						0.	0.	0.	
(2) ART ZACK	2.00	l							•		
TRUSTEE	4 00	Х						0.	0.	0.	
(3) CHRIS KOPCZYNSKI	4.00	. ,		,,					0	0	
PRESIDENT	4.00	Х		Х				0.	0.	0.	
(4) MARYA NOWAKOWSKI TREASURER	4.00	x		х				0.	0.	0.	
(5) SUZY DIX	2.00							0.	0.	0.	
TRUSTEE	2.00	x						0.	0.	0.	
(6) GUY GIFFORD	2.00										
TRUSTEE		Х						0.	0.	0.	
(7) SAM JOSEPH	4.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(8) DAVID DUBA	2.00										
TRUSTEE	4 00	Х						0.	0.	0.	
(9) MARY WEATHERS	4.00	,,							0	0	
TRUSTEE	2.00	Х						0.	0.	0.	
(10) BARBARA RICHARDSON TRUSTEE	2.00	X						0.	0.	0.	
(11) PHIL SANTINOCETO	2.00	25						0.	0.	0.	
TRUSTEE	2000	x						0.	0.	0.	
(12) RICHARD SEVERN	2.00										
TRUSTEE		Х						0.	0.	0.	
(13) JEFF LAMBERT	40.00										
EXECUTIVE DIRECTOR				Х				39,129.	0.	0.	
		-									
		1									
		1	I	ı	ı	ı	1	I			

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Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op objection op	not c	Pos heck	c) itior more		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on I s	Estir amo ot compe fron organ and r	mated unt of ther ensation in the nization related izations
			-										
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	II, Section A					· · · · · · ·	<u> </u>	39,129. 0. 39,129. received more than \$100	0,000 of reportab	0. 0. 0.		0.
3 4 5 Sect 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors Complete this table for your five highest co	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated inc	ole co ," co nsati le J f	omp mple ion f	ensa ete S from uch	ation Sche any pers	n and edul y uni son racte	d ot e J r relat	ther compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of com		3 4 5	Yes No X X X
	the organization. Report compensation for (A) Name and business			ONI		with	or w	/itnii	n the organization's tax (B) Description of s		C	(C) ompens	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lir	mite	d to	tho	se li 0	stec	l d above) who received n	nore than			20 (22 (2)

Form 990 (2018) **Part VIII** 5

Stateme	ent of	Revenue
---------	--------	---------

		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
ifts, Grant ar Amount		Membership dues						
		Fundraising events						
Sift ar /		Related organizations						
s, C		Government grants (contribution						
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants	· —					
the		similar amounts not included above		337,459.				
i o E	q	Noncash contributions included in lines 1		85,000.				
an Co		Total. Add lines 1a-1f		>	337,459.			
				Business Code				
ø,	2 a							
P Zi	b							
Program Service Revenue	С							
am	d	•						
ogr R	е							
Pre		All other program service reven	iue					
		Total. Add lines 2a-2f						
	3	Investment income (including of						
		other similar amounts)			194.			194.
	4	Income from investment of tax-						
	5	Royalties	•	' <u> </u>				
		Γ	(i) Real	(ii) Personal				
	6 a	Gross rents	(7 : : : : :	(4)				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	1,887	250,000.				
	b	Less: cost or other basis						
		and sales expenses Gain or (loss)	2,168	. 184,298.				
	С	Gain or (loss)	-281	65,702.				
	d	Net gain or (loss)			65,421.			65,421.
o l		Gross income from fundraising						
une		including \$	•					
Other Revel		contributions reported on line 1		1 1				
r R		Part IV, line 18	, a	27,433.				
the l	b	Less: direct expenses	b	11,766.				
0	c	Net income or (loss) from fundr	aising events	>	15,667.			15,667.
		Gross income from gaming act						
		Part IV, line 19		.				
	b	Less: direct expenses						
		Net income or (loss) from gamin						
		Gross sales of inventory, less re	-					
		and allowances		,				
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	MISC.		561000	5.			5.
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d			5.			
	12				418,746.	0.	0.	81,287.

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 respons	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	· ·				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	20 120	20 247	2 012	5 060
	trustees, and key employees	39,129.	29,347.	3,913.	5,869.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	004	0.0.4		
7	Other salaries and wages	904.	904.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 4 2 4	2 - 12		101
10	Payroll taxes	3,194.	2,540.	163.	491.
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,032.	1,032.		
С	Accounting	6,094.		6,094.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	1,400.	1,400.		
12	Advertising and promotion	855.	855.		
13	Office expenses	7,768.	6,895.	184.	689.
14	Information technology	2,217.	1,450.	228.	539.
15	Royalties				
16	Occupancy	2,879.	2,159.	288.	432.
17	Travel	264.	264.		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	595.	595.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,928.	2,196.	293.	439.
23	Insurance	,	,		
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DEVELOPMENT	6,708.	0.	0.	6,708.
b	VIDEO	6,500.	6,500.	0.	0.
C	PROPERTY MAINTENANCE	6,054.	6,054.	0.	0.
d	INSURANCE	1,377.	416.	857.	104.
	All other expenses	1,245.		1,235.	10.
	Total functional expenses. Add lines 1 through 24e	91,143.	62,607.	13,255.	15,281.
25	Joint costs. Complete this line only if the organization	71,1430	02,007.	15,255	13,201•
26	, ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018)
83201	0 12-31-18				FORD 33U (2018)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			173,858.	1	80,589.
	2	Savings and temporary cash investments		2			
	3					3	5,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			600.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,272,270.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	6,136.	1,319,528.	10c	2,266,134.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,493,986.	16	2,351,723.		
	17	Accounts payable and accrued expenses			1,006.	17	994.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
≝		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			69,854.	25	200,000.
	26	Total liabilities. Add lines 17 through 25			70,860.	26	200,994.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 📖 and			
Ses		complete lines 27 through 29, and lines 33 an					
auc	27	Unrestricted net assets				27	
Fund Balances	28	Temporarily restricted net assets				28	
pu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	8), check here ▶ 🔼			
Ä		and complete lines 30 through 34.			1 400 106		0 150 500
Set	30	Capital stock or trust principal, or current funds			1,423,126.	30	2,150,729.
As	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated in			0.	32	0.
_	33	Total net assets or fund balances			1,423,126.	33	2,150,729.
	34	Total liabilities and net assets/fund balances			1,493,986.	34	2,351,723.

Form **990** (2018)

Pai	Heconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,42	3,1	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,15	0,7	29.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DISHMAN HILLS CONSERVANCY 91-6087260 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	96,330.	146,071.	641,666.	241,329.	337,459.	1,462,855.	
2	Tax revenues levied for the organ-							
	ization'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	0.6.220	146 051	644 666	0.44 0.00	225 450		
4	Total. Add lines 1 through 3	96,330.	146,071.	641,666.	241,329.	337,459.	1,462,855.	
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,						640 000	
	column (f)						640,298.	
	Public support. Subtract line 5 from line 4.						822,557.	
	ction B. Total Support	() 004 (#1.0045	() 0040	/ N 0047	() 0040	(0 T + 1	
	ndar year (or fiscal year beginning in)	(a) 2014 96,330.	(b) 2015 146,071.	(c) 2016 641,666.	(d) 2017 241,329.	(e) 2018 337, 459.	(f) Total	
	Amounts from line 4	90,330.	140,071.	041,000.	241,329.	331,433.	1,462,855.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,			259.	201.	194.	654.	
•	and income from similar sources			200.	201•	174.	034.	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						1,463,509.	
	Gross receipts from related activities,	etc (see instruction	nne)			12	2,100,000.	
	First five years. If the Form 990 is for			d fourth or fifth ta	ax vear as a sectio		_	
	organization, check this box and stor	hous			•	11001(0)(0)	ightharpoonup	
Sed	ction C. Computation of Publ							
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	56.20 %	
	Public support percentage from 2017					15	77.44 %	
	33 1/3% support test - 2018. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	nization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization	▶∐	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶□	

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					·	
	Investment income percentage for 20				·	17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		,
	6		
	_		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	50		
	10a		
	10b		
m O	90 or 99	10-E7	2012
າ ອ	~~ UI 33	~ L L	2010

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or mare supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organi				
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	5		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	J		
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	. *			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
•	and 4	- 1			
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		s from 2018			
e	LAUUS	10 11 UIII 2 U I U			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DISHMAN HILLS CONSERVANCY

Employer identification number 91-6087260

Pai	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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	n writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	,		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶	. 1	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserv	ation easements during the year
•			0/1-1/41/171/21
8	Does each conservation easement reported on line 2(d) about a satisfact 4.70(h)(4)(P)(i)0		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	•	· ·
	include, if applicable, the text of the footnote to the organiza	ation's imancial statements that describes	s the organization's accounting for
Pai	rt III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
ı u.	Complete if the organization answered "Yes" on Forr	•	Strict Cirmar Addoto.
12	If the organization elected, as permitted under SFAS 116 (A		ament and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that desc		ance of public service, provide, in rait XIII,
h	If the organization elected, as permitted under SFAS 116 (A		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:		able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			· ·
2	If the organization received or held works of art, historical tr		
-	the following amounts required to be reported under SFAS		a. 3a, provido
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2018 DISHMAN	HILLS CON	SERVANCY			91-6	5087260	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	r Other			
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that	are a sign	ificant use of	its collection i	tems
	(check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	e	e L Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization	n's exemp	ot purpose in I	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be m						Yes	<u></u> No
Par	t IV Escrow and Custodial Arran	•	ete if the organizat	ion answered "	Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other ass	sets not ind	cluded		
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liability	?	Yes	└─ No
_	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete		nswered "Yes" on I					
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years ba	ick (e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administer	red for the	organization	_	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			!?			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipn							
	Complete if the organization answere							
	Description of property	(a) Cost or o		st or other	` '	umulated	(d) Book	/alue
		basis (investr		s (other)	depre	ciation	2 266	124
1a	Land			66,134.			2,266	<u>,134.</u>
b	Buildings							
	Leasehold improvements			6 126		6 126		
	Equipment			6,136.		6,136.		0.
	Other		V / (2) ::	10.)			2,266	121
ıotal	. Add lines 1a through 1e. (Column (d) must e	equai Form 990, Part	х, coiumn (В), line	1UC.)		🕨 📗	᠘,∠00	, ı j 4 •

Schedule D (Form 990) 2018 DISHMAN HILI	S CONSERVANC	Y 91	L-6087260 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	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 er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must squal Form 000, Port V. col. (D) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soo Form 990 Part V line 15	
·	Description	Tru. See Form 990, Part A, line 13.	(b) Book value
(1)	- Coonpain		(b) Book value
(2)			
(3)			+
(4)			+
(5)			+
(0)			+

(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) PAYABLE PRIVATE LOAN FUNDS	200,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	200,000.

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

Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	enue per Return.	g-
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	_	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. TXIII Supplemental Information.)	5	
		Dark IV lines the and Ob	. Deat V. line A. Deat V. line O. Deat VI.	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		o; Part V, line 4; Part X, line 2; Part XI,	
III Ies	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide an	additional information.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization DISHMAN HILLS CONSERVANCY 91-6087260 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

Schedule G (Form 990 or 990-EZ) 2018 DISHMAN HILLS CONSERVANCY 91-6087260 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL RUN NONE (add col. (a) through REGISTRATION AUCTION col. (c)) (event type) (event type) (total number) Revenue 25,998. 27,433. 1 Gross receipts 1,435. 2 Less: Contributions 25,998. 1,435. 27,433. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 11,766. 9 Other direct expenses 11,766. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 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:

Sch	nedule G (Form 990 or 990-EZ) 2018 DISHMAN HILLS CONSERVANCY 91-6	5087	260	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		163	110
	a The organization's facility	13a		%
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	1	
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	of "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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	ines 9,	9b, 10b,

Schedule 0	G (Form 990 or 990-EZ)	DISHMAN H	ILLS CON	ISERVANCY	91-6087260	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continue	d)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

► 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 for instructions and the latest information.

Name of the organization DISHMAN HILLS CONSERVANCY Employer identification number 91-6087260

Par	rt I Types of Property						
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amoun	its
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	X	1	85,000.	APPRAISAL		
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()		<u> </u>	1			
29	Number of Forms 8283 received by the organiz		-				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29		lv.	Τ
00-	During the constitution of			and of the Double Base & Manager	-1- 00 4143	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date					20-	Х
	exempt purposes for the entire holding period?					30a	Λ
	b If "Yes," describe the arrangement in Part II.						
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X
J∠d	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						
h						32a	X
b If "Yes," describe in Part II.33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
33		линн (С) 10	i a type oi propert	y for writeri column (a) is che	oneu,		
	describe in Part II.						

Schedule M	1 (Form 990) 2018	DISHMAN	HILLS	CONSERVANCY		91-6087260	Page 2
Part II	Supplemental	I Information t I, column (b), th dditional informa	Provide the enumber of tion.	e information required to contributions, the num	by Part I, lines 30b, 32b, and 3 aber of items received, or a co	33, and whether the organiza mbination of both. Also com	ition

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DISHMAN HILLS CONSERVANCY

Employer identification number 91-6087260

FORM 990, PART I, DOING BUSINESS AS:

DISHMAN HILLS NATURAL AREA ASSOCIATION

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S TREASURER AND EXECUTIVE DIRECTOR GATHER YEAR-END

INFORMATION. A CPA FIRM IS ENGAGED TO PREPARE THE FORM 990. EACH TRUSTEE

RECEIVES A COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING THE INFORMATION
RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. TRUSTEES

PROVIDE ANNUAL WRITTEN CERTIFICATIONS THAT THEY HAVE READ AND WILL ADHERE
TO THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION EMPLOYS AN EXECUTIVE DIRECTOR WHOSE COMPENSATION IS FUNDED BY A CAPACITY BUILDING GRANT. THE BOARD DETERMINED THE BUDGET; THE EXECUTIVE COMMITTEE RESEARCHED COMPARATIVE SALARIES AND PROPOSED BENEFIT PACKAGE TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

ANNUAL FORM 990 IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

ADDITIONALLY, THEY ARE AVAILABLE ON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization DISHMAN HILLS CONSERVANCY	Employer identification number 91-6087260
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RECORD FMV OF 2016 LAND DONATION	400,000.