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

Department of the Treasury Internal Revenue Service

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18 l Open to Public Inspection

OMB No. 1545-0047

A Fo	or the	e 2018 calendar year, or tax year beginning $ m JUL1,2018$ and en	nding J	UN 30, 2019	
B Cr ap	neck if plicabl	e: C Name of organization		D Employer identifie	cation number
X	Addre	MISSISSIPPI VALLEY CONSERVANCY, INC.			
	Name chang			39-1	871201
	Initial return	U	oom/suite	E Telephone number	
	Final return	PO BOX 2611			784-3606
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,828,276.
	Amen Ireturn	LA CROSSE, WI 54602-2611		H(a) Is this a group re	
	Applic			for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙΤά	ax-exe	empt status: 🚺 501(c)(3) 🛄 501(c) (         )◀ (insert no.) 🛄 4947(a)(1) or [	527	If "No," attach a	list. (see instructions)
		te: > WWW.MISSISSIPPIVALLEYCONSERVANCY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year o	of formation: 1996 N	State of legal domicile: WI
Pa		Summary	~~~~		
ø	1	Briefly describe the organization's mission or most significant activities:	SSIPP	I VALLEY CO	NSERVANCY
Governance		(MVC) IS A REGIONAL, NON-PROFIT LAND TRUST			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or disposed		1 1	
<u>Š</u>					26
8		Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$			26
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			14
iči		Total number of volunteers (estimate if necessary)			26
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
$\rightarrow$	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.
	_			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		3,055,523.	1,186,676.
Revenue		Program service revenue (Part VIII, line 2g)		1,783. 63,931.	1,442.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,656.	206,935. 8,709.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,119,581.	1,403,762.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>	1,403,702.
		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)		410,810.	459,201.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		410,010.	459,201.
en el		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 35,243	····· -	0.	•
Ă		<b>• • • • • • • • • •</b>		141,700.	174,645.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		552,510.	633,846.
		Revenue less expenses. Subtract line 18 from line 12		2,567,071.	769,916.
r se	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		15,172,826.	15,953,078.
Ass Bal				26,168.	31,578.
Net		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		15,146,658.	15,921,500.
		Signature Block		,,	
		lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	/ knowledge and belief. it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer         ROY CAMPBELL, TREASURE         Type or print name and title	R		Date	
Paid	Print/Type preparer's name BRUCE MAYER, CPA	Preparer's signature	Date	Check PTIN if self-employed P00187180	
Preparer	Firm's name 🕨 WEGNER CPAS, LLP			Firm's EIN 39-0974031	
Use Only	Firm's address 2921 LANDMARK PL	STE 300			
	MADISON, WI 5371	3-4236		Phone no. 608 – 274 – 4020	
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No	
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018				
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSTION STATEM	IENT CO	ONTINUATION	
0937111	3 788028 11780.1AU01 203	18.05010 MISSISSIPPI	VALLE	Y CONSERVA 11780_11	

	990 (2018) MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871201 Page
Par	rt 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: MISSISSIPPI VALLEY CONSERVANCY (MVC) IS A REGIONAL, NON-PROFIT LAND
	TRUST BASED IN LA CROSSE THAT HAS PERMANENTLY CONSERVED BLUFFLANDS,
	PRAIRIES, WETLANDS, AND STREAMS IN SOUTHWESTERN WISCONSIN SINCE ITS
	FOUNDING IN 1997. MVC WORKS WITH PRIVATE LANDOWNERS AND LOCAL
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 398,770. including grants of \$ 0.) (Revenue \$ 0
	LAND MANAGEMENT AND PROTECTION SERVICES-USING VOLUNTARY TOOLS SUCH AS CONSERVATION EASEMENTS, LAND PURCHASES, LAND DONATIONS, AND COOPERATIVE
	ACQUISITIONS TO PROTECT LANDS FOR THEIR ECOLOGY, SCENIC BEAUTY, OUTDOOD
	RECREATION POTENTIAL, AND PRIME AGRICULTURAL SOILS. THE CONSERVANCY
	ALSO WORKS HARD TO RESTORE NATIVE NATURAL COMMUNITIES BY REMOVING
	INVASIVE SPECIES AND CONDUCTING PRESCRIBED BURNS.
4b	(Code:) (Expenses \$ 154,116 • including grants of \$ 0 • ) (Revenue \$ 1,442
	OUTREACH AND EDUCATION-PROVIDES EDUCATIONAL MATERIALS TO OVER 1,000
	PEOPLE AND CREATES ONLINE VIDEOS TO PROMOTE APPRECIATION OF NATURE AND
	PROTECTION OF THE HABITAT. THE CONSERVANCY ALSO LEADS MORE THAN 1,000
	YOUNG PEOPLE OUTDOORS TO LEARN ABOUT NATURE AND ECOLOGICAL RESTORATION
4c	(Code:         ) (Expenses \$
4d	Other program services (Describe in Schedule Q.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

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Part IV Checklist of Required Schedules

MISSISSIPPI VALLEY CONSERVANCY, INC.

			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			
	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 during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</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	-		
	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		x
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10	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		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	20		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
		5		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b	0		
b		<u>)</u> 1c		

Form 990 (2018)	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.
Part V Statemen	ts Regarding Other IR	S Filings ar	nd Tax Compliance	(continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	r			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country:		14		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	r	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а		or?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? [	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		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:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ļ	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				
	organization is licensed to issue qualified health plans	$\neg$			
	Enter the amount of reserves on hand	-	4.4		X
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		4-		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N.		16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Δ
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

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MISSISSIPPI VALLEY CONSERVANCY, INC.

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

X

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.

		1.	1	26		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1</u> a		20			
	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 0.			26			
	Enter the number of voting members included in line 1a, above, who are independent	-		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations				•		X
2	officer, director, trustee, or key employee?			····	2		
3	Did the organization delegate control over management duties customarily performed by or under				3		x
4	of officers, directors, or trustees, or key employees to a management company or other person?				3 4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form				4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?			····· —	5 6		X
0 7a	Did the organization have members of stockholders?			····	0		- 11
14	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stock	holders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear by	the following:				
а	The governing body?			[8	Ba	Х	
b	Each committee with authority to act on behalf of the governing body?				Bb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Code.)				
				_		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			📘	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	0b		
<b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody be	fore filing the forr	n? <b>1</b>	1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
2a					2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			🔟	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
	in Schedule O how this was done				2c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?			····· 🗋	14	X	
5	Did the process for determining compensation of the following persons include a review and appro		independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ו?				37	
	The organization's CEO, Executive Director, or top management official				5a	Х	37
b	Other officers or key employees of the organization			1	5b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang						v
	taxable entity during the year?			[1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		• •				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				<b>C</b> 1		
	exempt status with respect to such arrangements?			1	6b		L
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $MN$ , $WI$		0 T (0 +	(-)(0)			- k '
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, for public inspection, Indicate how you made these qualitable. Check all that apply	and 99	U-I (Section 501	(C)(3)S (	oniy)	availa	aDIG
	for public inspection. Indicate how you made these available. Check all that apply.						
0	X Own website Another's website X Upon request Other (expla		,	, ord #	ner	oiol	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	CONTINC	or interest policy	, and fi	nan	cial	
^	statements available to the public during the tax year.		and records				
0	State the name, address, and telephone number of the person who possesses the organization's to ROY CAMPBELL - 608-784-3606	JUOKS					
	PO BOX 2611, LA CROSSE, WI 54602-2611						
2006	5 12-31-18			F	orm	990	(201
	12						
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Part VII	Compensation of Offi	cers, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indep	pendent Contra	ctors			

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 is 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)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din				ted		organization	(W-2/1099-MISC)	from the
	related	stee (	ruste			oen sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	co m				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROB TYSER	1.00	Ē	Ë	5	ξe	Ξē	요			
PRESIDENT	100	x		x				0.	0.	0.
(2) SUE DILLENBECK	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) BOB FISHER	1.00								•••	
SECRETARY		x		x				0.	0.	0.
(4) ROY CAMPBELL	1.00								•••	
TREASURER		х		x				0.	0.	0.
(5) DAVID BANGE	1.00									
DIRECTOR		х						0.	0.	Ο.
(6) DAVE LANGE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ALLAN BEATTY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) GRETCHEN BENJAMIN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) HELEN ELSBERND	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) ANDREA BENCO	1.00									
DIRECTOR		X						0.	0.	0.
(11) MAUREEN KINNEY	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(12) MIKE O'BRIEN	1.00	v						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(13) JAMES CZAJKOWSKI	1.00	x						0.	0.	0.
DIRECTOR (14) DAVE VETRANO	1.00	^						0.	0.	0.
(14) DAVE VETRANO DIRECTOR	1.00	x						0.	0.	0.
(15) PAT CAFFREY	1.00						<u> </u>			<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(16) TIM JOHNSON	1.00									
DIRECTOR		x						0.	0.	0.
(17) MANDY NOGLE	1.00									
DIRECTOR		х						0.	0.	0.
832007 12-31-18		-							-	Form <b>990</b> (2018)

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Dort VII								NCY, INC.	39-18	11.	201	Pa	ye s
Part VII Section A. Officer	rs, Directors, Trus	tees, Key Em	ploy	ees,	and	High	est C	ompensated Employe	es (continued)				
<b>(A)</b> Name and titl	le	<b>(B)</b> Average hours per week	box, offic	not ch unles	(C) Positi neck mo is perso d a dire	ore tha on is b	oth an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	<b>(F)</b> Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	hey emproyee Highest compensated	em ployee Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(		fro orga and	pensati om the anizatic I relate nizatio	on d
(18) DRAKE HOKANSON DIRECTOR		1.00	x	_	0	<u> </u>		0.		ο.			0
(19) MARC SCHULTZ		1.00	Λ			-		0.		••			0
DIRECTOR			x					0.		0.			0
(20) MIKE RIPP		1.00											
DIRECTOR			X					0.		0.			0
(21) DAVE SKOLODA		1.00											
DIRECTOR			Х					0.		0.			0.
(22) LAURA PATTEN		1.00											~
DIRECTOR		1 00	Х				_	0.		0.			0.
(23) BARB KRUSE DIRECTOR		1.00	x					0.		ο.			0.
(24) DOROTHY LENARD		1.00				+				••			
DIRECTOR			x					0.		0.			0.
(25) TIM WUCHERER		1.00											
DIRECTOR			Х					0.		0.			0.
(26) DAVID MORRISON		1.00											•
DIRECTOR			Х					0.		0.			0.
								<u>۸</u>					
1b Sub-total							. 🕨	0.		0.			
c Total from continuation	n sheets to Part VI	I, Section A					. 🕨	82,000.		0.			0.
c Total from continuation d Total (add lines 1b and	n sheets to Part VI 1c)	I, Section A				·····		82,000. 82,000.		0.			0.
c Total from continuation	n sheets to Part VI 1c) als (including but n	I, Section A				·····		82,000. 82,000.		0.			0.
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individual</li> </ul>	n sheets to Part VI 1c) als (including but n	I, Section A				·····		82,000. 82,000.		0.		Yes	0.
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individua compensation from the c</li> <li>3 Did the organization list a</li> </ul>	n sheets to Part VI <u>1c)</u> als (including but n organization any <b>former</b> officer,	II, Section A	nose	liste	d abo	ove) v	. ► . ► who re	82,000. 82,000. eceived more than \$100 highest compensated e	0,000 of reportable	0.		Yes	0 . 0 . ( No
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individua compensation from the c</li> <li>3 Did the organization list a line 1a? If "Yes," complete</li> </ul>	n sheets to Part VI 1c) als (including but n organization any former officer, te Schedule J for s	II, Section A	nose	liste e, ke	d abo y emp	ove) v	.  who re	82,000. 82,000. eceived more than \$100 highest compensated e	0,000 of reportable	0.	3	Yes	0.0
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individual compensation from the compensation from the compensation list a line 1a? <i>If</i> "Yes," <i>complete</i></li> <li>4 For any individual listed of</li> </ul>	als (including but n organization ► any former officer, te Schedule J for s on line 1a, is the su	II, Section A ot limited to th director, or tru uch individual um of reportab	ustee ule co	liste e, kej	d abo y emp ensati	ove) v	who re	82,000. 82,000. eceived more than \$100 highest compensated e	0,000 of reportable employee on the organization	0.	3	Yes	0. 0. ( No X
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individua compensation from the c</li> <li>3 Did the organization list a line 1a? If "Yes," complete</li> <li>4 For any individual listed of and related organizations</li> </ul>	als (including but n organization any former officer, te Schedule J for s on line 1a, is the su s greater than \$150	II, Section A not limited to th director, or tru uch individual um of reportab 0,000? If "Yes,	ustee ustee ule co	liste e, kej ompe mple	d abo y emp ensati	ove) v oloye on a	e, or l	82,000. 82,000. eccived more than \$100 highest compensated e her compensation from for such individual	2,000 of reportable employee on the organization	0.		Yes	0 . 0 . (
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<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individual compensation from the compensation from the compensation list a line 1a? If "Yes," complete</li> <li>4 For any individual listed on and related organizations</li> <li>5 Did any person listed on rendered to the organization</li> <li>1 Complete this table for y the organization. Report</li> </ul>	als (including but n organization ► any former officer, te Schedule J for s on line 1a, is the su s greater than \$150 line 1a receive or a attion? If "Yes," com tractors rour five highest co compensation for (A)	II, Section A ot limited to the director, or tru- uch individual um of reportab 0,000? If "Yes, accrue competent oplete Schedul mpensated inter the calendar y	ustee 	e, ke mple on fi or su ende	y emp ensati tete Sc rom a uch pe	bloye on a hedu ny u	e, or l nd othule J f	82,000. 82,000. eccived more than \$100 highest compensated e her compensation from for such individual red organization or individual that received more than in the organization's tax (B)	2,000 of reportable employee on the organization idual for services \$100,000 of comp year.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	3 4 5 ation fr	rom	0. 0. ( No X X X
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individua compensation from the c</li> <li>3 Did the organization list a line 1a? If "Yes," complex</li> <li>4 For any individual listed on and related organizations</li> <li>5 Did any person listed on rendered to the organiza</li> <li>Section B. Independent Com</li> <li>1 Complete this table for y the organization. Report</li> </ul>	als (including but n organization ► any former officer, te Schedule J for s on line 1a, is the su s greater than \$150 line 1a receive or a attion? If "Yes," com tractors rour five highest co compensation for (A)	II, Section A ot limited to the director, or tru- uch individual um of reportab 0,000? If "Yes, accrue competent oplete Schedul mpensated inter the calendar y	ustee 	e, ke mple on fi or su ende	y emp ensati tete Sc rom a uch pe	bloye on a hedu ny u	e, or l nd othule J f	82,000. 82,000. eccived more than \$100 highest compensated e her compensation from for such individual red organization or individual that received more than in the organization's tax (B)	2,000 of reportable employee on the organization idual for services \$100,000 of comp year.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	3 4 5 ation fr	rom	0. 0. ( No X X X
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individual compensation from the compensation from the compensation list a line 1a? If "Yes," complete</li> <li>4 For any individual listed on and related organizations</li> <li>5 Did any person listed on rendered to the organization</li> <li>1 Complete this table for y the organization. Report</li> </ul>	als (including but n organization ► any former officer, te Schedule J for s on line 1a, is the su s greater than \$150 line 1a receive or a attion? If "Yes," com tractors rour five highest co compensation for (A)	II, Section A ot limited to the director, or tru- uch individual um of reportab 0,000? If "Yes, accrue competent oplete Schedul mpensated inter the calendar y	ustee 	e, ke mple on fi or su ende	y emp ensati tete Sc rom a uch pe	bloye on a hedu ny u	e, or l nd othule J f	82,000. 82,000. eccived more than \$100 highest compensated e her compensation from for such individual red organization or individual that received more than in the organization's tax (B)	2,000 of reportable employee on the organization idual for services \$100,000 of comp year.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	3 4 5 ation fr	rom	0. 0. No X X X
<ul> <li>c Total from continuation</li> <li>d Total (add lines 1b and</li> <li>2 Total number of individual compensation from the compensation from the compensation list a line 1a? If "Yes," complete</li> <li>4 For any individual listed on and related organizations</li> <li>5 Did any person listed on rendered to the organizat</li> <li>Section B. Independent Complete this table for y the organization. Report</li> </ul>	n sheets to Part VI 1c) als (including but n organization ► any former officer, te Schedule J for s on line 1a, is the su s greater than \$150 line 1a receive or a tition? If "Yes," com tractors rour five highest co compensation for (A) lame and business	II, Section A	ustee le co " con nsati depe vear e <b>NC</b>	e, key pompe mple on fi or su ende endir	d abo y emp ensati <i>ite Sc</i> rom a <i>ich pe</i> nt con ng wit	bloye on a hedu ny u ersor htrac h or	e, or l	82,000. 82,000. eceived more than \$100 highest compensated et her compensation from for such individual red organization or indivi- that received more than in the organization's tax (B) Description of state (B)	2,000 of reportable employee on the organization idual for services \$100,000 of comp year. services	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	3 4 5 ation fr	rom	0. 0. No X X X

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Form 990 MISSISSI	PPI VALI	LE.	Y (	201	NS1	ERV	VAI	NCY, INC.	39-187	1201
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	es, a	nd H	High	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	hecł				olv)	compensation	compensation	amount of
	per	(						from	from related	other
	wool					ee		the	organizations	compensation
	(list any	ctor				Vold		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed en		(W-2/1099-MISC)	, ,	organization
	related	ee or	stee			in sate				and related
	organizations	trust	al tru		yee	Highest com pensated em ployee				organizations
	below	id ual	ution	5	mplq	est co	er			-
	(list any hours for related organizations below line)	Indiv	Institutional trustee	Officer	Key employee	High	Former			
(27) CAROL ABRAHAMZON	40.00									
EXECUTIVE DIRECTOR				x				82,000.	0.	0.
								02,0000		
		1								
				-						
	1					1				
		1								
		1								
	1		-	I	L	-	I			
Total to Dart VII Socian A line to								82,000.		
Total to Part VII, Section A, line 1c								02,000		

832201 04-01-18

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Form	1 990 (	(2018) <b>MISSI</b>	SSIPPI V	ALLEY	CONSERVAN	ICY,	INC.	39-1871	L201 Page <b>9</b>
Pa	rt VII	I Statement of Rever	nue						
		Check if Schedule O cont	ains a response	or note to a		VIII	(D)		
					(A) Total reve	nue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
An An	С	Fundraising events		31,47	76.				
Gif İlar		Related organizations							
ns, Sim		Government grants (contribut							
utio	f	All other contributions, gifts, gran		1 5 5 20					
<u>e</u> ti		similar amounts not included abo		155,20					
u du		Noncash contributions included in lines			1,186,6	76			
0.0	n	Total. Add lines 1a-1f		Business C	-	70.			
e	<b>2</b> a	VIDEO SALES		51211		42.	1,442.		
vic	b						_,		
Sei	c								
am eve	d								
Program Service Revenue	е								
Ъ	f	All other program service reve	enue						
	g	Total. Add lines 2a-2f			▶ 1,4	42.			
	3	Investment income (including							
		other similar amounts)			▶ 125,6	38.			125,638.
	4	Income from investment of tax			▶				
	5	Royalties							
	•		(i) Real	(ii) Persor	nal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss) Net rental income or (loss)							
		Gross amount from sales of	(i) Securities	(ii) Othe	ar l				
	7 4	assets other than inventory	499,064.						
	b	Less: cost or other basis							
		and sales expenses	417,767.						
	с	Gain or (loss)	81,297.						
	d	Net gain or (loss)			▶ 81,2	97.			81,297.
e	8 a	Gross income from fundraisin							
ent		including \$ 31,4	76. of						
Rev		contributions reported on line		11 00					
Other Revenue		Part IV, line 18		11,02					
đ		Less: direct expenses		<u> </u>		79.			4,279.
		Net income or (loss) from func			• 4,2				4,219.
	эa	Gross income from gaming ac Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from gam							
		Gross sales of inventory, less			-				
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from sale							
		Miscellaneous Revenu		Business C	Code				
	11 a								<u> </u>
	b								<u> </u>
	С			00000		20			
		All other revenue				30.			4,430.
		Total. Add lines 11a-11d			▲,4 1,403,7	30.	1,442.	0.	215,644.
82000	<b>12</b> 9 12-3	Total revenue. See instructions			► [±,=05,1	04.	, 442•	. 0.	Form <b>990</b> (2018

<sup>16</sup> 09371113 788028 11780.1AU01 2018.05010 MISSISSIPPI VALLEY CONSERVA 11780\_11

Part IX Statement of Functional Expenses

MISSISSIPPI VALLEY CONSERVANCY, INC.

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

Dr	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	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,		54 005	0.614	0.4 . 6 0 5
	trustees, and key employees	98,396.	71,097.	2,614.	24,685
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.05 0.20	0.0.0.1.4.2	00 700	
7	Other salaries and wages	295,032.	274,143.	20,790.	99
8	Pension plan accruals and contributions (include	7 101	E 201	471	400
_	section 401(k) and 403(b) employer contributions)	7,181.	6,301.	471.	409 572
9	Other employee benefits	31,141.	27,327.	3,242.	
0	Payroll taxes	27,451.	24,089.	3,000.	362
1	Fees for services (non-employees):				
а	Management				
b	Legal	6 000		6 000	
c	F	6,900.		6,900.	
d	, , , , , , , , , , , , , , , , , , ,				
e	с с с с с с с с с с с с с с с с с с с				
f	Investment management fees				
g	-				
	column (A) amount, list line 11g expenses on Sch 0.)	791.	791.		
12	Advertising and promotion	27,681.	20,994.	3,374.	3,313
3	Office expenses	11,649.	9,794.	1,390.	465
4	Information technology	11,049.	5,154.	±,390•	405
15	Royalties	21,729.	20,733.	846.	150
6		13,184.	12,280.	690.	214
7	Travel	13,104.	12,200.		211
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials Conferences, conventions, and meetings	12,864.	10,962.	1,853.	49
9 20		12,0010	10,5021	1,0001	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	4,684.	4,684.		
3	Insurance	15,077.	10,133.	215.	4,729
.0	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	LAND MANAGEMENT	37,491.	37,491.		
a b	LAND AND EASEMENT ACQUI	12,133.	12,133.		
c c	DUES AND SUBSCRIPTIONS	7,258.	6,839.	243.	176
d		,	-,		•
e	All other expenses	3,204.	3,095.	89.	20
25	Total functional expenses. Add lines 1 through 24e	633,846.	552,886.	45,717.	35,243
26	Joint costs. Complete this line only if the organization			. ,	,====
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

09371113 788028 11780.1AU01 2018.05010 MISSISSIPPI VALLEY CONSERVA 11780\_11

17 10 MTG Form **990** (2018)

				<b>T</b> 0				
09371113 788	3028 11780 <b>.</b>	1AU01 2018	.05010 M	ISSISSIPPI	VALLEY	CONSERVA	11780_	11

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

Par	נא	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	129,444.	1	103,498.
	2	Savings and temporary cash investments	161,915.	2	120,217.
	3	Pledges and grants receivable, net	902,620.	3	861,899.
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,491.	9	13,479.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,488,161.			
	b	Less: accumulated depreciation 10b 69,759.	11,122,302.	10c	11,418,402.
	11	Investments - publicly traded securities	2,841,054.	11	3,435,583.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,172,826.	16	15,953,078.
	17	Accounts payable and accrued expenses	26,168.	17	31,578.
	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	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
liti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	26,168.	26	31,578.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	0 1 6 0 4 6 0		
and	27	Unrestricted net assets	2,168,462.	27	2,552,346.
Bal	28	Temporarily restricted net assets	1,143,286.	28	1,173,771.
Net Assets or Fund Balances	29	Permanently restricted net assets	11,834,910.	29	12,195,383.
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or		and complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	15 1 <i>16</i> (50)	32	
-	33	Total net assets or fund balances	15,146,658.	33	15,921,500.
	34	Total liabilities and net assets/fund balances	15,172,826.	34	15,953,078.

MISSISSIPPI VALLEY CONSERVANCY, INC.

Form 990 (2018)

Form 990 (2018)

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	1 990 (2018) MISSISSIPPI VALLEY CONSERVANCY, INC.	39-	18712	01	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				62.
2	Total expenses (must equal Part IX, column (A), line 25)	2				46.
3	Revenue less expenses. Subtract line 2 from line 1	3				16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,			58.
5	Net unrealized gains (losses) on investments	5			4,9	26.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	15,	92:	1,5	00.
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,				
	consolidated basis, or both:					
	X 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					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	Jit			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired aud	lit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b		
					000	

Form **990** (2018)

SCHEDULE A	
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1	Form	990	or	990-EZ
J		330	UI.	330-LZ

# 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.

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F			nformation		Open to Public Inspection
		the organizat		Go to www.irs.go	v/Form990 for instructi	ons and ti	ie latest i	1	Employer	identification number
lan		the organizat		TSSTPPT VA	LLEY CONSERV	ANCY	TNC.			9-1871201
Ра	rt I	Reason			All organizations must co			e instructions		<u> </u>
					(For lines 1 through 12, o					
1					on of churches describe					
2		,		,	(Attach Schedule E (Forn		• • •			
3					anization described in <b>s</b> e			ii).		
4					onjunction with a hospita				(iiii). Enter	the hospital's name.
•	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		-	-	Complete Part II.)	о́,	•	, ,			
6		A federal, sta	ate, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			-	antial part of its support f				he general	public described in
				omplete Part II.)		U U			U U	
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	d in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agrie	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:								
10		An organizat	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
		activities rela	ated to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and u	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organizat	ion organized a	and operated exclus	sively to test for public sa	afety. See	section 50	)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	sively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly	y supported or	ganizations describ	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box in
	_	lines 12a thro	ough 12d that	describes the type	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and	d 12g.	
а				-	supervised, or controlled	•				
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		¬ -		complete Part IV, S						
b					d or controlled in connec			•		-
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
	_				Sections A and C.					
С			-		ng organization operated				ly integrat	ed with,
		- ··	•	.,	s). You must complete I			-		
d					oorting organization oper					
			,	0 0	zation generally must sa	,			an attent	Iveness
					mplete Part IV, Sections					
е			•		written determination fro			а туре ї, туре	п, туре п	
f	Ent		, 0 ,			0 0				
י מ				about the support						·
9		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 20

### Schedule A (Form 990 or 990-EZ) 2018 MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871201 Page 2

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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1149143.	889,823.	1148185.	3055523.	1186676.	7429350.		
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 $\dots$								
4	Total. Add lines 1 through 3	1149143.	889,823.	1148185.	3055523.	1186676.	7429350.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1960108.		
	Public support. Subtract line 5 from line 4.						5469242.		
	ction B. Total Support	i							
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017 3055523.	(e) 2018	(f) Total		
7	Amounts from line 4	1149143.	889,823.	1148185.	3055523.	1186676.	7429350.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	1 6 0 2 0		00 047		105 620			
	and income from similar sources $\dots$	16,030.	31,562.	23,847.	52,378.	125,638.	249,455.		
9	Net income from unrelated business								
	activities, whether or not the	C 004	2 0 0 0				01 400		
	business is regularly carried on	6,024.	3,908.	3,598.	67,969.		81,499.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						7760304.		
	Total support. Add lines 7 through 10						44,794.		
12	1 ,		,				44,/94.		
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2018 (			olumn (f))		14	70.48 %		
	Public support percentage from 2017					15	67.75 %		
	1 33 1/3% support test - 2018. If the o						,-		
100	stop here. The organization qualifies	-							
r	<b>33 1/3% support test - 2017.</b> If the d								
	and <b>stop here.</b> The organization qual	-							
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
b	0 10% -facts-and-circumstances tes								
	more, and if the organization meets tl								
	organization meets the "facts-and-cire				• •				
<u>18</u>							s <b>&gt;</b>		
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions L Schedule A (Form 990 or 990-EZ) 2018								

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#### Schedule A (Form 990 or 990-EZ) 2018 MISSISSIPPI VALLEY CONSERVANCY, INC. 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					<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</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						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) orga	nization,
	check this box and stop here			<u></u>	·	· · ·	
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	<sup>7</sup> Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by	line 13, column (f))	)	17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than 3	33 1/3% , and line	e 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	lifies as a publicly	supported organiza	ation	<b>&gt;</b>
b	33 1/3% support tests - 2017. If the						, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	n ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<b>&gt;</b>
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### 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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2018

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

23

#### 39-1871201 Page 5 Schedule A (Form 990 or 990-EZ) 2018 MISSISSIPPI VALLEY CONSERVANCY, INC.

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee 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 ins	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
D				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form S	990 or 99	90-EZ)	2018

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	1b		
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 <b>Part VI</b> ):			
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	-	ated Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990 EZ) 2018 MISSISSIPPI VALLEY CONSERVANCY, INC.

Fai	V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Form 990 or 990-EZ) 2018 MISSIS Supplemental Information. Pro	vide the explanations re	equired by Part II line 10.	Part II, line 17a or	39-1871201 Part III, line 12:
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b.	4c. 5a. 6. 9a. 9b. 9c. 1	1a. 11b. and 11c: Part IV. 3	Section B. lines 1	and 2: Part IV. Section C.
	line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V,	Part IV, Section E, lines Section E, lines 2, 5, an	1c, 2a, 2b, 3a, and 3b; Pa d 6. Also complete this pa	rt V, line 1; Part V rt for any additioi	, Section B, line 1e; Part V nal information.
	(See instructions.)				
2028 10-11-1	8			Schodul	A (Form 990 or 990-EZ)

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

(Form 990)
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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.



Name of the organization

MISSISSIPPI VALLEY CONSERVANCY, INC. Employer identification number 39-1871201

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funda and other appounts
		(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 w	-	
-	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par			
			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	X Preservation of land for public use (e.g., recreation or ed		rically important land area
	X Protection of natural habitat	Preservation of a certif	ied historic structure
-	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶	. 1	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above	• • • •	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	ne organization's accounting for
Dar	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
1 41	Complete if the organization answered "Yes" on Form		nei olimiai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ont and balance sheet works of art
Ia	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
h			and balance about works of out biotorical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treater the following of the		gain, provide
_	the following amounts required to be reported under SFAS 11		► <i>↑</i>
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	TOR FORM 990.	Schedule D (Form 990) 2018
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Sche	dule D (Form 990) 2018 MISSISS	IPPI VALLE	Y CONSERVA	NCY, INC	•	39-	1871203	1 <sub>Pa</sub>	ge <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	rt, Historical Tr	easures, or C	Other	Similar A	ssets(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are	e a sigr	nificant use o	f its collection	n items	6
	(check all that apply):		_						
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's	exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?						. 🛄 Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			<u> </u>			
							Amount		
	Beginning balance								
	Additions during the year					1d			
-	Distributions during the year					1e			
f	Ending balance					1f			N
	Did the organization include an amount on F				-		. L Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i								
1 41			(b) Prior year	(c) Two years ba		) Three years b	oack (e) Four	voare h	hack
10	Beginning of year balance	(a) Current year 2,115,724.	228,634.	., ,		128,7	`/	73,2	
	Contributions	190,337.	1,863,242.			53,6			900.
	Net investment earnings, gains, and losses	90,492.	23,848.			6,552. 3,192.			
	Grants or scholarships		/			,			
	Other expenditures for facilities								
Ũ	and programs			3:	39.	4 0	90.	3 (	632.
f	Administrative expenses					-,-		- /	
	End of year balance	2,396,553.	2,115,724.	228,6	34.	184,8	363.	128,	731.
2	Provide the estimated percentage of the cur			-		,	•	,	
	Board designated or quasi-endowment	• 00	%						
	Permanent endowment  94.65	%	/0						
		5.35 %							
Ŭ	The percentages on lines 2a, 2b, and 2c sho								
39	Are there endowment funds not in the posse		ation that are held a	nd administered	for the	organization	1		
ou	by:					organization	г	Yes	No
	(i) unrelated organizations							103	X
	(ii) related organizations								x
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requir	red on Schedule B?	• • • • • • • • • • • • • • • • • • • •			3b		
4	Describe in Part XIII the intended uses of the								
_	t VI Land, Buildings, and Equipm	Y	which tunds.						
	Complete if the organization answere		), Part IV, line 11a. S	See Form 990, Pa	art X, lin	ne 10.			
	Description of property	(a) Cost or of	· · · · ·			umulated	(d) Book	<pre>&lt; value</pre>	,
		basis (investn		(other)		eciation	(-,		
1a	Land		11,40	2,630.			11,402	2,63	30.
	Buildings								
	Leasehold improvements								
	Equipment		2	3,960.	2	21,958.		2,00	)2.
	Other			1,571.		17,801.	1:	3,77	70.
	Add lines 1a through 1e. (Column (d) must e						11,418		
						Sche	dule D (Form	n 990) :	2018

	(Form 990) 2018	MISSISSIPPI	VALLEY	CONSE	RVANCY,	INC.	39-1871201 <sub>Pag</sub>	je <b>3</b>
Part VII	Investments -	Other Securities.						
		anization answered "Yes"	on Form 990, F	Part IV, line	11b. See Form	1 990, Part X, I	line 12.	
<b>(a)</b> Descrip	tion of security or categ	JOTY (including name of security)	<b>(b)</b> Book	value	(c) Metho	d of valuation	: Cost or end-of-year market value	
(1) Financia	al derivatives							
(2) Closely-	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)	h) must squal Form 000	Dart V. col. (P) line 12 )						
		), Part X, col. (B) line 12.) ► Program Related.						_
	-			Dort IV/ line -	110 Coo Form		ine 12	
	(a) Description of	anization answered "Yes" investment	on Form 990, F (b) Book				ine 13. : Cost or end-of-year market value	
(1)	(u) Becomption of		(1) 2001	, and a	(0) 1110110			
<u>(1)</u> (2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (b	b) must equal Form 990	), Part X, col. (B) line 13.) 🕨						
Part IX	Other Assets.							
	Complete if the org	anization answered "Yes"		Part IV, line	11d. See Form	1 990, Part X, I		
		(a)	Description				(b) Book value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	mn (b) must aqual Ec	orm 990, Part X, col. (B) line	o 15 )					
Part X	Other Liabilitie		- 10.)					
		anization answered "Yes"	on Form 990	Part IV line -	11e or 11f Se	e Form 990 P	art X line 25	
1.	1 0	escription of liability	0111 0111 000,1		b) Book value			
	leral income taxes	, , , , , , , , , , , , , , , , , , ,		`	,			
(2)						_		
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, col. (B) line	e 25.)	🕨				
2. Liability	for uncertain tax pos	sitions. In Part XIII, provide	the text of the	footnote to	the organizat	on's financial	statements that reports the	
organiza	ation's liability for und	certain tax positions under	FIN 48 (ASC 7	40). Check	here if the text	t of the footno	te has been provided in Part XIII [	
							Schedule D (Form 990) 2	018

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Sche	dule D (Form 990) 2018 MISSISSIPPI VALLEY CONSERV	JANCY,	INC.	<u> 39 -</u>	1871201 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,415,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	4,926.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	4,926.
3	Subtract line 2e from line 1			3	1,410,509.
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	-6,747.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-6,747.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,403,762.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses per	Retu	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	640,593.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	6,747.		
е	Add lines 2a through 2d			2e	6,747.
3	Subtract line 2e from line 1			3	633,846.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	633,846.
Do	rt XIII Supplemental Information.				

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

#### PART II, LINE 9:

CONSERVATION EASEMENTS ACCEPTED OR PURCHASED BY THE CONSERVANCY ARE NOT

RECOGNIZED AS ASSETS OR REVENUE IN THE ACCOMPANYING FINANCIAL STATEMENTS

BECAUSE THE CONSERVANCY DOES NOT HOLD FEE TITLE TO THESE PROPERTIES AND

THERE ARE NO EXPECTED FUTURE ECONOMIC BENEFITS ASSOCIATED WITH THE

EASEMENTS.

PART V, LINE 4:

THE CONSERVANCY'S ENDOWMENT FUNDS WILL BE PRIMARILY USED FOR SUPPORTING

THE CONSERVANCY'S GENERAL OPERATIONS, PERPETUAL MONITORING AND LEGAL

DEFENSE OF CONSERVATION EASEMENTS, MANAGEMENT OF CONSERVANCY OWNED

PROPERTIES, ASSISTING WITH ECOLOGICAL MANAGEMENT OF CONSERVATION EASEMENT 832054 10-29-18 Schedule D (Form 990) 2018 31

PROPERTIES,	AND LAND PRC	TECTION PRO	JECTS.		
PART XI, LI	NE 4B - OTHER	ADJUSTMENT	5:		
DIRECT EXPE	NSES REPORTED	ON FORM 99	), PART VII	I, LINE 8B	-6,74
PART XII, I	INE 2D - OTHE	R ADJUSTMEN	IS:		
DIRECT EXPE	NSES REPORTED	ON FORM 99	), PART VII	I, LINE 8B	6,74
					Schedule D (Form 990) 2

SCHEDULE G	Suppleme	ntal Information Regarding	Fune	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2018					
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informat	ion.	Employer ide	Inspection entification number
	MISSISS	IPPI VALLEY CONSER					39-1871	.201
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o ted in Form 990, P		ion of ion of fundra (incluo rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribi	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o		<b>D</b> ution:	s or has been notified	d it is	exempt from r	registration
or licensing.								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form §	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

39-187<u>1201 Page 2</u> Schedule G (Form 990 or 990 EZ) 2018 MISSISSIPPI VALLEY CONSERVANCY, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				20TH	NONE	(add col. (a) through
			BANQUET	ANNIVERSARY		col. (c))
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	33,746.	8,100.		41,846.
	2	Less: Contributions	23,376.	8,100.		31,476.
	3	Gross income (line 1 minus line 2)	10,370.			10,370.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	850.			850.
irect Ey	7	Food and beverages	4,250.			4,250.
	8	Entertainment				
	9	Other direct expenses				647.
	10				•	5,747.
	11					4,623
Pa	rt I					
a)		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo		col. (a) through col. (c)
veve						
-	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
_			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	L
	8	Net gaming income summary. Subtract line 7	(d)		•	
	0	Net garning income summary. Subtract line i				
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
_						
		ere any of the organization's gaming licenses r				
U		Yes," explain:				
3208	32 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 201
						-
				34		

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2018.05010 MISSISSIPPI VALLEY CONSERVA 11780\_11

Schedule G (Form 990 or 990-EZ) 2018 MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871201 P
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a
b An outside facility 13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address 🕨
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$
c If "Yes," enter name and address of the third party:
Name
Address
16 Gaming manager information:
Name
Gaming manager compensation 🕨 \$
Description of services provided 🕨
Director/officer
47 Marsalatan Mathematica
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license? Yes b 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 <b>s</b>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
832083 10-03-18 Schedule G (Form 990 or 990-EZ 35
35 371113 788028 11780.1AU01 2018.05010 MISSISSIPPI VALLEY CONSERVA 11780

Schedule G	(Form 990 or 990-EZ) Supplemental Info	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.	39-1871201	Page 4
Part IV	Supplemental Info	rmation (continued)					
						Schedule G (Form 990 or	990-57
832084 04-01-1	8						
071117	700000 11700	1 3 11 0 1 0 0 1 0	05010	36		OONGEDIN 1150	0 1 1
5/113	788028 11780	•TAAAT 7018	• 0 2 0 T 0	WISSISSIAN A	АГГЕЛ	CONSERVA 1178	

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#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

18

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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

Attach to Form 990

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

Inspection Employer identification number 39-1871201

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MISSISSIPPI VALLEY CONSERVANCY, IN	с.
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Par	tI	Types	s of Property							
				(a)	<b>(b)</b> Number of	(c)	(d) Mathad af da			
				Check if applicable	contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c
				applicable		Form 990, Part VIII, line 1g	noncash contribu	tion a	nount	5
1	Art -	Works of	art							
2	Art -	Historical	treasures							
3	Art -	Fractiona	l interests							
4	Boo	ks and pu	blications							
5	Clot	hing and h	nousehold goods							
6	Cars	and othe	r vehicles							
7	Boat	ts and pla	nes							
8			operty							
9			Iblicly traded	Х	1	20,215.	FAIR MARKET	VA:	LUE	
10	Secu	urities - Cle	osely held stock							
11			artnership, LLC, or							
	trust	t interests								
12			scellaneous							
13			ervation contribution -							
	Histo	oric struct	ures							
14			ervation contribution - Other	Х	1	288,085.	FAIR MARKET	VA.	LUE	
15	Real	l estate - F	Residential							
16			Commercial							
17			Other							
18										
19			у							
20			dical supplies							
21	Taxi	dermy								
22			acts							
23			cimens							
24			artifacts							
25			()							
26	Othe		()							
27	Othe	er 🕨	()							
28	Othe	er 🕨	()							
29	Num	nber of Fo	rms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for v	vhich the o	organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement <b>29</b>				
									Yes	No
30a	Duri	ng the yea	ar, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	mus	t hold for	at least three years from the dat	e of the initia	al contribution, and	l which isn't required to be ι	ised for			
	exer	npt purpo	ses for the entire holding period	?				30a		Х
b			ribe the arrangement in Part II.							
31	Does	s the orga	nization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Doe	s the orga	nization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	cont	tributions?	) 					32a		Х
b	lf "Y	es," desci	ribe in Part II.							
33	If the	e organiza	tion didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	desc	cribe in Pa	urt II.							

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

Schedule M (Form 990) 2018

832141 10-18-18

Schedule M	(Form 990) 2018	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.	39-1871201	Page <b>2</b>
Part II	Supplemental	Information. Provid	le the informat	tion required by Part I, line	s 30b, 32b,	and 33, and whether the organizati	on

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN B.

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



MISSISSIPPI VALLEY CONSERVANCY, INC.

39-1871201

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HAS PERMANENTLY CONSERVED BLUFFLANDS, PRAIRIES, WETLANDS, AND STREAMS IN SOUTHWESTERN WISCONSIN SINCE ITS FOUNDING IN 1997. MVC WORKS WITH PRIVATE LANDOWNERS AND LOCAL COMMUNITIES ON VOLUNTARY CONSERVATION PROJECTS IN NINE COUNTIES ALONG THE MISSISSIPPI RIVER. THE COUNTIES INCLUDE BUFFALO, TREMPEALEAU, LA CROSSE, MONROE, VERNON, CRAWFORD, GRANT, JACKSON, AND RICHLAND. MVC USES VOLUNTARY TOOLS SUCH AS CONSERVATION EASEMENTS, LAND PURCHASES, LAND DONATIONS, AND COOPERATIVE ACQUISITIONS TO PROTECT LANDS FOR THEIR ECOLOGY, SCENIC BEAUTY, OUTDOOR RECREATION POTENTIAL, AND PRIME AGRICULTURAL SOILS. WE ALSO WORK HARD TO RESTORE NATIVE NATURAL COMMUNITIES BY REMOVING INVASIVE SPECIES AND CONDUCTING PRESCRIBED BURNS. MVC WORKS COOPERATIVELY WITH INDIVIDUALS, BUSINESSES, CONSERVATION GROUPS, LOCAL UNITS OF GOVERNMENT, STATE, AND FEDERAL AGENCIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITIES ON VOLUNTARY CONSERVATION PROJECTS IN NINE COUNTIES ALONG THE MISSISSIPPI RIVER. THE COUNTIES INCLUDE BUFFALO, TREMPEALEAU, LA CROSSE, MONROE, VERNON, CRAWFORD, GRANT, JACKSON, AND RICHLAND. MVC USES VOLUNTARY TOOLS SUCH AS CONSERVATION EASEMENTS, LAND PURCHASES, LAND DONATIONS, AND COOPERATIVE ACQUISITIONS TO PROTECT LANDS FOR THEIR ECOLOGY, SCENIC BEAUTY, OUTDOOR RECREATION POTENTIAL, AND PRIME WE ALSO WORK HARD TO RESTORE NATIVE NATURAL AGRICULTURAL SOILS. COMMUNITIES BY REMOVING INVASIVE SPECIES AND CONDUCTING PRESCRIBED BURNS. MVC WORKS COOPERATIVELY WITH INDIVIDUALS, BUSINESSES, CONSERVATION GROUPS, LOCAL UNITS OF GOVERNMENT, STATE AND FEDERAL LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

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Schedule O (Form 990 or 990-EZ) (2018) Page Page Page Page Page Page Page Page							
Name of the organization	Employer identification number 39-1871201						
MISSISSIPPI VALLEY CONSERVANCY, INC.	39-18/1201						

AGENCIES.

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

THE PREPARED FORM 990 IS REVIEWED BY THE MEMBERS OF THE GOVERNING BODY

BEFORE THE RETURN IS FILED WITH THE IRS.

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

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

THE MEMBERS OF THE GOVERNING BODY'S EXECUTIVE COMMITTEE ANNUALLY DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION USING DATA FROM THE LAND TRUST ALLIANCE'S SURVEY ON COMPENSATION PAID BY LAND TRUSTS, COMPENSATION FOR COMPARABLE POSITIONS REPORTED ON THE FORM 990 OF ADJACENT LAND TRUSTS, AND A REVIEW OF THE CONSERVANCY'S OVERALL PERFORMANCE AS COMPARED TO STRATEGIC PLANNING GOALS AND HISTORICAL PERFORMANCE.

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

THE CONSERVANCY MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE CONSERVANCY MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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832212 10-10-18