WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> MISSISSIPPI VALLEY CONSERVANCY, INC. PO BOX 2611 LA CROSSE, WI 54602

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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

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



Α	For th	e 2017 calendar year, or tax year beginning $JUL 1$, 2017 and	ending J	UN 30, 2018	
В	Check if applicab	le: C Name of organization		D Employer identific	cation number
Σ	ζ Chang	MISSISSIPPI VALLEY CONSERVANCY, INC.			
	Name	Doing business as		39-1	871201
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	V PO BOX 2611		608-	784-3606
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,146,240.
	Amen	LA CROSSE, WI J4002		H(a) Is this a group re	
	Applie tion pendi			for subordinates	? Yes X No
	•	SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: $X 501(c)(3) 501(c) () 4947(a)(1) c$	or 🛄 527		list. (see instructions)
		te: WWW.MISSISSIPPIVALLEYCONSERVANCY.ORG		H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1996 N	State of legal domicile: WI
Ρ	art I	Summary	теетрр	T WALLEY COL	NCEDVANCV
e	1	Briefly describe the organization's mission or most significant activities: MISS (MVC) IS A REGIONAL, NON-PROFIT LAND TRUE	CU BYC	T VALLEI CO	NGERVANCI
Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed			
ver	3			1.1	22
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)			22
s S	1 .	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			16
itie		Total number of volunteers (estimate if necessary)		·····	22
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ð	8	Contributions and grants (Part VIII, line 1h)		1,148,185.	3,055,523.
Revenue	9	Program service revenue (Part VIII, line 2g)		5,017.	1,783.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,847.	63,931.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,598.	-1,656.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,180,647.	3,119,581.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		373,744.	410,810.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă×	b	Total fundraising expenses (Part IX, column (D), line 25) 30, 2			
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		285,008.	141,700.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		658,752.	552,510.
	19	Revenue less expenses. Subtract line 18 from line 12		521,895.	2,567,071.
t Assets or			Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		12,593,748.	15,172,826.
let A		Total liabilities (Part X, line 26)		31,392. 12,562,356.	26,168.
		Net assets or fund balances. Subtract line 21 from line 20		12,302,330.	15,146,658.

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

Sign Here	Signature of officer DAVID MORRISON, TREASU Type or print name and title	RER		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			
MADISON, WI 53713-4236				Phone no. 608 – 274 – 4020
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2017)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT CO	ONTINUATION

	990 (2017) MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871201 Pa
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	Check if Schedule O contains a response or note to any line in this Part III
•	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? Yes X
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
12	(Code:) (Expenses \$ 473,342. including grants of \$) (Revenue \$ 1,78
Tu	MISSISSIPPI VALLEY CONSERVANCY HAS PROTECTED MORE THAN 20,000 ACRES O
	WILDLIFE HABITAT, RARE NATURAL COMMUNITIES, AND WORKING FARMS SINCE I
	FOUNDING. THE CONSERVANCY PROVIDED EDUCATIONAL MATERIALS ABOUT LAND
	CONSERVATION TO MORE THAN 1,000 PEOPLE AND CREATED ONLINE VIDEOS TO
Part I I I <t< td=""><td>PROMOTE APPRECIATION OF NATURE AND PROTECTION OF HABITAT. THE</td></t<>	PROMOTE APPRECIATION OF NATURE AND PROTECTION OF HABITAT. THE
	CONSERVANCY ALSO LED MORE THAN 1,000 YOUNG PEOPLE IN THE OUTDOORS TO
	LEARN ABOUT NATURE AND ECOLOGICAL RESTORATION.
1b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1 cl	Other pregram convises (Describe in Schedule O)
4d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 473,342.
+e	Total program service expenses A 13,342.
30001	
2002	2
)1	203 788028 11780.1AU01 2017.04030 MISSISSIPPI VALLEY CONSERVA 11780

Form	000	(2017)
FOUL	990	(2017)

MISSISSIPPI VALLEY CONSERVANCY, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
14a	, , , , , , , , , , , , , , , , , , , ,	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			- v
	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			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	23	
19	complete Schedule G, Part III	19		x
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Form **990** (2017)

732003 11-28-17

Form 990 (2017)	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.
Part IV Checklist of I	Required Schedules	6 (continued)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	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,	200		
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	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</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

Part U Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response on tote to any line in the Tar V Image: Check If Schedule O contains a response on tote to any line in the Tar V Image: Check If Schedule O contains a response on tote to any line in the Tar V Image: Check Imag	Form	990 (2017) MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871	201	P	age 5
In Enter the number reported in Box3 of Form 1098. Enter 0- if not applicable Image: The second sec	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
ta Enter the number exported in Box3 of Form 1066. Enter-0 ⁴ in nt applicable 10 b Enter the number exported S0 kincluded in the las. Enter 0 ⁴ . An obspicable 10 2 Definition on the second set of the second		Check if Schedule O contains a response or note to any line in this Part V			
b Eter the number of Forms W2G included in line 14. Enter 0-If not applicable Image: Control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gmbling) winnings to prixe winners? Image: Control of Contrel Of Contrel Of Control Of Control Of Control Of Con				Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable. Int Int Inter 0- in output to a possible of the segments to vendors and reportable gaming (gambling) wrinings to prize winners? Int	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamEling) withor within the year covered by this return 16 2a Each or the calendar year ending with or within the year covered by this return 2a 1.6 2b X X Note. If the sum of hime 1a and 2a is greater than 250, you may be required to <i>c</i> -fife (see instructions) 3a X 3b Dt the organization have unders being segments of X100 or more during the year? 3a X 4A at year the during the calendar year, dit the organization have an interset 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 5b M* 5a X 5a X 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5c Do the organization a part to a prohibide that where runsation in the tway sort is a party to a prohibide that were not tax deductible? 5a X 5c Di The organization make manal gross receipts that are normally greater than \$100,000, and did the organization solid any vace deductible contributions under section 170(c). 5b 5c 5c 5c 5c 7a X	b		1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 16 bit of at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to exile (see structions) 3a X a D of the organization have underlade boxiness gross income of \$1,000 or more during the year? 3b X bit T-ves, 'has it field a form 900 T for this year? <i>If 'No</i> , 'is line 3b, provide an explanation in Schedule O 3b X bit T-ves, 'has it field a form 900 T for this year? <i>If 'No</i> , 'is line 3b, provide an explanation in Schedule O 3b X bit T-ves, 'has it field a form 900 T for this year? <i>If 'No</i> , 'is line 3b, provide an explanation in Schedule O 3a X bit T-ves, 'to line a foreign country (such as a bank account, or other financial account)? 4a X bit T-ves, 'to line fax of bid, dith organization finat a solute and any tho during the tax year? 5c 5c cit T-ves, 'to line fax of bid, dith organization finat are instructure. 5a X bit T-ves, 'to line fax of bid, dith organization finat are normally greater than \$100,000, and did the organization solut are vectore deductible as chantable contributions on a period. 5a X bit T-ves, 'to line fax of bid, dith orga	с				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 16 bit of at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to exile (see structions) 3a X a D of the organization have underlade boxiness gross income of \$1,000 or more during the year? 3b X bit T-ves, 'has it field a form 900 T for this year? <i>If 'No</i> , 'is line 3b, provide an explanation in Schedule O 3b X bit T-ves, 'has it field a form 900 T for this year? <i>If 'No</i> , 'is line 3b, provide an explanation in Schedule O 3b X bit T-ves, 'has it field a form 900 T for this year? <i>If 'No</i> , 'is line 3b, provide an explanation in Schedule O 3a X bit T-ves, 'to line a foreign country (such as a bank account, or other financial account)? 4a X bit T-ves, 'to line fax of bid, dith organization finat a solute and any tho during the tax year? 5c 5c cit T-ves, 'to line fax of bid, dith organization finat are instructure. 5a X bit T-ves, 'to line fax of bid, dith organization finat are normally greater than \$100,000, and did the organization solut are vectore deductible as chantable contributions on a period. 5a X bit T-ves, 'to line fax of bid, dith orga		(gambling) winnings to prize winners?	1c		
Interference Image: Term Image: Term Image: Term Term Term B Interference Image: Term Term Term Term Term Sa Diff the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Term Term Term Sa Diff the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Term Term Term Sa Diff the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Term Term Term Sa Diff the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Term Term Sa Diff the sum of lines 1 and 2a is difference Difference Term Term Sa X Term Term Term Term Term Sa X Term Term Term Term Term Sa Difference Term Term Term<	2a				
b If at least one is reported on line 2a, did the organization file all required fedaral employment tax netures?					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>=</i> file (see instructions) 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account i, a foreign country; ≥ The "Yes," enter the name of the foreign country; ≥ X 5e e instructions for ling requirements of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5e U To "yes," enter the name of the dreginazion that it was or is a party to a prohibited tax sheler transaction? 5a X 5e U To any contributions that were not tax deductible as charitable contributions? 5c 5c 6b To reganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 U filter organization include with every solicitation and partly for goods and services provided to the part of the solicitation and partly for goods and services provided to the part of the fore an 200. 7b 7a X 8 If "Yes," indicate the number of Forms 828	b		2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'hast filed a Form 9907 for this year? If 'No, 'to line 3b, provide an explanation in Schedule 0 3b X b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,' inter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account)? 5a X X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X So as the organization aptry to a prohibited as sheft ransaction at any time during the azy ana? 5a X B Does the organization file rom 808617 6a X C If Yes,' to line sa or 5b, did the organization file Form 808617 6a X D If Yes,' did the organization necess of \$57 made partly as a contributions or gifts were not tax deductible as charitable contributions? 6a X D If Yes,' did the organization netwere systemation an express statement that such contributions or gifts were not tax deductible as the artiple contributions are services provided? 7a X D If Yes,' did the organization netwere apyment in excess of \$57 made					
b If "Yes," has it file a Form 990-T for this yaa? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, idid the organization have an interest in, or a signature or other authority over, a francial account in a foreign country. 4a X b If "Yes," enter the name of the foreign country.	3a		3a		X
4a A any time during the calendar year, did the organization have an interest in, or a signature or other atthorny over, a financial accountly out, a bank account, securities account, or other financial accountly? 4a X b If 'ves,' enter the name of the foreign country (such as bank account, securities account, or other financial Account)? 5a X b Ui any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b X c If 'Yes,' to line 5a or 5b, did the organization file Form 88867.7 6c X 5c 5c c Does the organization netwe with ever solicitation an express statement that such contributions solitit any contributions that were not tax deductible as chartable contributions? 6a X 7 Organization selve deautible contributions under section 170(c). 0 If the organization netwe apament in excess of 35 made party as to orbitely and party for goods and services provided to the part? 7a X 7 If 'ves,'' and cate the number of Forms 8282 fied during the year If 'de' 7c X 7 If did the organization receive any funds, directly or indirectly, to pa premiums on a personal benefit contract? 7t X 8 Did the organization receive any funds, dinectly or indirectly, to a personal benefit c			3b		
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: Control of Control (See 27) (Control (See 27) (See					
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Page 5

Form 990	(2017)
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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.

			ນ າ	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4	22		
	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.				
	Enter the number of voting members included in line 1a, above, who are independent		22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form \$	990 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		
6	Did the organization have members or stockholders?		. 6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
_	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-	v	
a	The governing body?		<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?		<mark>8b</mark>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
_				Yes	
	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			<u></u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done		12c	x	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?			X	
	Did the process for determining compensation of the following persons include a review and approv				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization			1	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
			16a		
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
			16b		
ect	exempt status with respect to such arrangements?			1	
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MN , WI				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s only		hle	
	for public inspection. Indicate how you made these available. Check all that apply.		y) availai		
~		in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	inflict of interest policy, a	and finar	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bord and the probability of the person who possesses the organization's bord DAVID MORRISON - $608 - 784 - 3606$	ooks and records: ►			
					1
	PO BOX 2611, LA CROSSE, WI 54602				_

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's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title Average hours per week (list any hours for below line) Position (and other increase below line) Peoptable below line) Reportable compensation from from from related organizations (W-2/1099-MISC) Estimated amount of organizations (W-2/1099-MISC) (1) ROB TYSER 1.00 X X 0. 0. 0. (2) SUE DILLENBECK 1.00 X X 0. 0. 0. (3) BOB FISHER 1.00 X X 0. 0. 0. (4) DAVID MORESON 1.00 X X 0. 0. 0. (5) DAVID BANGE 1.00 X X 0. 0. 0. (6) DAVE LANGE 1.00 X X 0. 0. 0. (7) ALLAN BEATY X 0. 0. 0. 0. 0. (1) DAVE DILLENBECK 1.00 X X 0. 0. 0. (2) DAVID MORESON 1.00 X X 0. 0. 0. TREASURER 0.0 0. 0.	(A)	(B)	(C)		(D)	(E)	(F)				
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DIRECTOR X 0. 0. 0.		1 0 0	X						0.	0.	0.
(15) PAT CAFFREY 1.00 0 0 0		1.00									0
DIRECTOR X 0. 0. 0.		1 00	Å						0.	0.	0.
(16) TIM JOHNSON 1.00 0 0		1.00							0	0	0
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Å</td><td><u> </u></td><td><u> </u></td><td><u> </u></td><td></td><td><u> </u></td><td>0.</td><td>0.</td><td><u> </u></td></t<>			Å	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.	<u> </u>
		L .00									
DIRECTOR X O. O. O. 732007 11-28-17 Form 990 (2017) Form 990 (2017) Form 990 (2017)			<u> </u>						0.	0.	

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Form 990 (2017)

								NCY, INC.	39-187	712	201	Page 8		
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	compensated Employe	es (continued)					
(A) Name and title	(B) Average		not c	Pos heck	more	than		(D) (E) Reportable Reportable			Estin	F) nated		
	hours per week (list any hours for related organizations	tee or director	cer an		irecto	Highest compensated signal signal		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	d other ns compensation ISC) from the organization and related				
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former					zations		
(18) DRAKE HOKANSON	1.00							0				0		
DIRECTOR	1.00	X						0.	l).		0.		
(19) MARC SCHULTZ DIRECTOR	1.00	x						0.	().		0.		
(20) MIKE RIPP	1.00							0.		·		0.		
DIRECTOR	1.00	x						0.	().		0.		
(21) DAVE SKOLODA	1.00													
DIRECTOR		x						0.	().		Ο.		
(22) LAURA PATTEN	1.00													
DIRECTOR		X						0.	().		0.		
(23) CAROL ABRAHAMZON EXECUTIVE DIRECTOR	40.00			x				73,141.	().	15,	,151.		
		-												
		-												
1b Sub-total						-		73,141.	().	15	,151.		
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 73,141.).	15	0. ,151.		
2 Total number of individuals (including but r							io r	-						
compensation from the organization												0		
											Y	es No		
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										[3	x		
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from	the organization		4	x		
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services		5	x		
Section B. Independent Contractors		001	0, 00	1011	pore									
1 Complete this table for your five highest co the organization. Report compensation for										ensa	ation fror	m		
(A) Name and business			ONE			<u>.</u>		(B) Description of s		Сс	(C) ompensa	ation		
							_							
							_							
2 Total number of independent contractors (includina but r	iot lii	mite	d to	tho	se li	ster	above) who received n	ore than					
\$100,000 of compensation from the organ	e e					0		, 						

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Form	990) (2	2017) MISSI	ISSIPPI V	ALLEY	CO	NSERVANCY,	INC.	39-1871	201 Page 9
Pa	rt V	111	Statement of Rever	nue						
			Check if Schedule O cont	tains a response	or note to a	any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
s, G			Fundraising events		76,1	26.				
Sift lar ,			Related organizations							
inil S, (Government grants (contribut							
r Si	·	f	All other contributions, gifts, gran	its, and						
the			similar amounts not included abo	ve 1f 2,	979,39	97.				
duti		g	Noncash contributions included in lines	s 1a- 1f: \$ 1,	348,6	67.				
aŭ			Total. Add lines 1a-1f				3,055,523.			
					Business	Code				
ø	2	а	OTHER PROGRAM S	SERVICES	7121		896.	896.		
e zi		b	VIDEO SALES		5121	10	887.	887.		
Se		с								
Program Service Revenue		d								
ogr		е								
P	·	f	All other program service reve	enue						
			Total. Add lines 2a-2f				1,783.			
	3		Investment income (including							
			other similar amounts)				52,378.			52,378.
	4		Income from investment of ta							
	5		Royalties							
				(i) Real	(ii) Perso	onal				
	6	а	Gross rents							
		b	Less: rental expenses							
		с	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securities	(ii) Othe	er				
			assets other than inventory	31,106.						
		b	Less: cost or other basis							
			and sales expenses	19,553.						
			Gain or (loss)			<u> </u>	11 550			11 550
e			Net gain or (loss) Gross income from fundraisin				11,553.			11,553.
Other Revenue			including \$ 76,1	L26. of						
sev.			contributions reported on line	e 1c). See						
erF			Part IV, line 18	а	5,4	50.				
Gth		b	Less: direct expenses	b	7,1	06.				
•		С	Net income or (loss) from fund	draising events	<u></u>		-1,656.			-1,656.
	9	а	Gross income from gaming ad							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam							
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale							
	11	_	Miscellaneous Revenu		Business	Code				
	11	a b								
		c c								
			All other revenue							
			Total. Add lines 11a-11d							
_	12	_	Total revenue. See instructions.				3,119,581.	1,783.	0.	62,275.
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Part IX Statement of Functional Expenses

MISSISSIPPI VALLEY CONSERVANCY, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	(1)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			F 0.40	- 100
	trustees, and key employees	89,488.	77,101.	7,249.	5,138
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	265,230.	228,518.	21,485.	15,227.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,705.	4,915.	462.	328.
9	Other employee benefits	26,614.	22,930.	2,156.	1,528
10	Payroll taxes	23,773.	20,482.	1,926.	1,365.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,900.		6,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	362.	263.		99.
12	Advertising and promotion	890.	870.	12.	8.
13	Office expenses	29,173.	21,917.	2,803.	4,453.
14	Information technology	8,481.	7,612.	482.	387.
15	Royalties				
16	Occupancy	58,037.	55,902.	1,301.	834.
17	Travel	8,804.	7,518.	997.	289.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,211.	3,255.	765.	191.
20	Interest				
21	Payments to affiliates	1	1		
22	Depreciation, depletion, and amortization	1,982.	1,982.		
23	Insurance	14,591.	13,506.	860.	225.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	6,431.	6,049.	242.	140.
b	BAD DEBT EXPENSE	300.	-	300.	
С					
d					
e	All other expenses	1,538.	522.	990.	26
25	Total functional expenses. Add lines 1 through 24e	552,510.	473,342.	48,930.	30,238.
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)				
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Form **990** (2017)

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Form 990 (2017) Part X Balance Sheet

MISSISSIPPI	VALLEY	CONSERVANCY,	INC.

39-1871201 Page 11

IG					
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	315,684.	1	129,444.
	2	Savings and temporary cash investments		2	161,915.
	3	Pledges and grants receivable, net		3	902,620.
	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 contributin			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ស		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	15,491.
	10a	Land buildings and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,192,797	· •		
	b	basis. Complete Part VI of Schedule D10a11,192,797Less: accumulated depreciation10b70,495	10,462,078.	10c	11,122,302.
	11	Investments - publicly traded securities		11	2,841,054.
	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)		16	15,172,826.
	17	Accounts payable and accrued expenses	31,392.	17	26,168.
	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,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		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	31,392.	26	26,168.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ses		complete lines 27 through 29, and lines 33 and 34.	4 8 6 8 9 9 9		0.150.450
anc	27	Unrestricted net assets		27	2,168,462.
Fund Balances	28	Temporarily restricted net assets	1,200,244.	28	1,143,286.
lpu	29	Permanently restricted net assets	9,596,782.	29	11,834,910.
μ		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
Net Assets or		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances		33	15,146,658.
	34	Total liabilities and net assets/fund balances	12,593,748.	34	15,172,826.
					Form 990 (2017)

Form **990** (2017)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part XI, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 12,562,356. 5 17,231. 6 0 7 8 9 0 her changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances (explain in Schedule O) 10		1990 (2017) MISSISSIPPI VALLEY CONSERVANCY, INC.	39-	18712)1	Pa	ge 12	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 119, 581. 2 Total expenses (must equal Part IX, column (A), line 25) 2 552, 510. 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 567, 071. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12, 562, 356. 5 Net unrealized gains (losses) on investments 5 17, 231. 6 Donated services and use of facilities 5 17, 231. 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 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, 146, 658. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15, 146, 658. 10 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, 146, 658. 11	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 552, 510 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 567, 071 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12, 562, 356 5 Net unrealized gains (losses) on investments 5 17, 231 6 0 6 7 8 Prior period adjustments 6 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, 146, 658 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 15, 146, 658 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X X		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
2 Total expenses (must equal Part IX, column (A), line 25) 2 552, 510 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 567, 071 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12, 562, 356 5 Net unrealized gains (losses) on investments 5 17, 231 6 0 6 7 8 Prior period adjustments 6 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, 146, 658 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 15, 146, 658 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X X								
3 Revenue less expenses. Subtract line 2 from line 1 3 2,567,071 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,562,356 5 17,231 6 6 7 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 15,146,658 Part XIII Financial Statements and Reporting 10 15,146,658 Check if Schedule O contains a response or note to any line in this Part XII Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis, or both: 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,562,356 5 Net unrealized gains (losses) on investments 5 17,231 6 Donated services and use of facilities 6 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, 146, 658 Part XII Financial Statements and Reporting 10 15, 146, 658 Check if Schedule O contains a response or note to any line in this Part XII Ves 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	2	Total expenses (must equal Part IX, column (A), line 25)	2					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,562,356 5 Net unrealized gains (losses) on investments 5 17,231 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, 146, 658 Part XII Financial Statements and Reporting 10 15, 146, 658 Check if Schedule O contains a response or note to any line in this Part XII 15, 146, 658 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 0onated services and use of facilities 6 7 1 Investment expenses 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 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, 146, 658 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	4		4	12,				
6 0onated services and use of facilities 6 7 1 8 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0 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, 146, 658 Part XII Financial Statements and Reporting 10 15, 146, 658 Check if Schedule O contains a response or note to any line in this Part XII 10 15, 146, 658 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	5	Net unrealized gains (losses) on investments	5		17	7,2	31.	
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 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 15,146,658 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 	6		6					
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 15,146,658 Part XII Financial Statements and Reporting 10 15,146,658 Check if Schedule O contains a response or note to any line in this Part XII Image: column (B) Yes 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: column (B) 2a X	7	Investment expenses	7					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15,146,658 Part XII Financial Statements and Reporting 10 15,146,658 Check if Schedule O contains a response or note to any line in this Part XII Image: column (B) Yes 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: column (B) Image: column (B)	8	Prior period adjustments	8					
column (B)) 10 15,146,658 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Vers No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Vers	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
Check if Schedule O contains a response or note to any line in this Part XII		column (B))	10	15,1	146	5,6	58.	
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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	Pa	rt XII Financial Statements and Reporting						
 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 		Check if Schedule O contains a response or note to any line in this Part XII						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:						Yes	No	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
separate basis, consolidated basis, or both:	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
Separate basis Consolidated basis Both consolidated and separate basis								
b Were the organization's financial statements audited by an independent accountant?	b				2b	X		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	,				
consolidated basis, or both:								
X Separate basis Consolidated basis Both consolidated and separate basis		X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,					
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b		uired auc	dit			1	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Form **990** (2017)

SCHEDULE A	
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(Form	990	or	990-E	7
	330	UI.	330-L	<u> </u>

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
2017
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction	orm 990-	EZ.	nformation.		Open to Public Inspection				
Nai	ne of t	the organizati							Employer	identification nu	mber			
		0		ISSIPPI VA	LLEY CONSERV	ANCY.	INC.			9-1871201				
Pa	art I	Reason			All organizations must co			ee instructior						
LLLL The	organ				(For lines 1 through 12, c									
1			•		on of churches described		,							
2					Attach Schedule E (Forn			·/··/·						
3					anization described in se			ii).						
4					njunction with a hospital)(iii). Enter	the hospital's nam	e.			
		city, and stat	-		, ,				~ /	ŗ	,			
5		•		or the benefit of a co	ollege or university owned	d or opera	ted by a q	overnmental	unit descrik	bed in				
		-	-	Complete Part II.)	с ,		, ,							
6		A federal, sta	te, or local go	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).						
7	X				antial part of its support f				the general	public described in	n			
				omplete Part II.)		U U			Ū					
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultura	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	Inction with a	land-grant	college				
		or university of	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state o	of the colleg	e or				
		university:												
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts	from			
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	its suppor	t from gross invest	ment			
		income and u	inrelated busii	ness taxable income	e (less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 197	5.			
		See section	5 09(a)(2). (Co	mplete Part III.)										
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).						
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one of	or			
				-	ed in section 509(a)(1) o					Check the box in				
		7	•		of supporting organizatio		-		-					
á					supervised, or controlled	•			• • •					
			-		egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting				
		٦ ⁻		complete Part IV, S										
k				-	d or controlled in connec			-		-				
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported				
		Γ		t complete Part IV,		in connoc	tion with	and function	lly intograt	od with				
C	•		-		g organization operated s). You must complete I				any integration	eu with,				
Ċ		- · ·	-		porting organization oper				orted organi	zation(s)				
					zation generally must sat									
			-		nplete Part IV, Sections	-		-	iu an alleni	IVEIIE33				
e		- ·			written determination fro									
			•		nally integrated support			, po ., . , po	, , , , po m					
1	Ente		-	••										
ç				n about the support										
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount c	f monetary	(vi) Amount of oth	ner			
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruc	tions)			
Tot	al													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990-EZ) 2017 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	889,627.	1149143.	889,823.	1148185.	3055523.	7132301.
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	889,627.	1149143.	889,823.	1148185.	3055523.	7132301.
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)						2150978.
	Public support. Subtract line 5 from line 4.						4981323.
	ction B. Total Support	ii					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 7132301.
	Amounts from line 4	889,627.	1149143.	889,823.	1148185.	3055523.	7132301.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 000	1 6 0 2 0		00 047		122 000
	and income from similar sources \dots	10,083.	16,030.	31,562.	23,847.	52,378.	133,900.
9	Net income from unrelated business						
	activities, whether or not the	F 107	C 004	2 0 0 0	2 5 0 0		
	business is regularly carried on	5,127.	6,024.	3,908.	3,598.	67,969.	86,626.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						7352827.
11			\ \			40	58,175.
12			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	50,175.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (f))		14	67.75 %
	Public support percentage from 2016					15	81.77 %
	33 1/3% support test - 2017. If the o						,-
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2016. If the d		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl						
	organization meets the "facts-and-cire						
<u>18</u>	Private foundation. If the organization						
						dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2017 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 disgualified 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 sectio	n 501(c)(3) organ	ization,
	check this box and stop here						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2016. If the						, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizatior	• •
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
7320	23 10-06-17				Sch	edule A (Form 99	90 or 990-EZ) 2017
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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 (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) 2017

16

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990 or 990 EZ) 2017 MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871201 Page 5

1 0	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		
с	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			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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
4	Did the exercite provide to each of its supported exercite tions, by the last day of the fifth month of the		165	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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		
Sec	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	a).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	2)	
2	Activities Test. Answer (a) and (b) below.	struction	Yes	No
			Tes	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> 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 Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form			2017

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Schedule A (Form 990 or 990-EZ) 2017

	Schedule A (Form 990 or 990-EZ) 2017	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.	<u>39-1871201</u> Pa	age 6
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v intear	ated Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 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 Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

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Form 990 or 990-E							39-187120	
Part IV, Section A,	, lines 1, 2, 3b, 3c,	, 4b, 4c, 5a, 6,	9a, 9b, 9c, 11	a, 11b, and 11c	; Part IV, Se	ection B, lines	r 17b; Part III, line 12 1 and 2; Part IV, Sect	ion C,
line 1; Part IV, Sec Section D, lines 5,	tion D, lines 2 and 6 and 8 and Pau	d 3; Part IV, Se rt V. Section F	ection E, lines	1c, 2a, 2b, 3a, ai 16, Also comple	nd 3b; Part	V, line 1; Part	V, Section B, line 1e;	Part V,
(See instructions.)	0, and 0, and 1 a		, 11103 2, 0, 211				na mornation.	
,							le A (Form 990 or 99	

Schedule A

723171 04-01-17

Identification of Excess Contributions Included on Part II, Line 5

39-1871201

2017

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BARBARA AND DONALD FRANK	308,513.	161,456.
ERIC AND INESE EPSTEIN	285,000.	137,943.
MAGGIE JONES AND DAVE LINTON	1,866,648.	1,719,591.
PAUL E. STRY FOUNDATION, INC.	172,024.	24,967.
TODD HUFFMAN AND L. JENNEWINE	254,078.	107,021.
Fotal Excess Contributions to Schedule A, Part II, Line 5		2,150,978

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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			Other Similar Fund	as or A	CCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		nor advised funds	(t	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		e assets held in donor ad	vised fund	ds
	are the organization's property, subject to the organization's	exclusive lega	l control?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				-
	impermissible private benefit?				·
Par					
1	Purpose(s) of conservation easements held by the organizat	ion (check all t	hat apply).		
	X Preservation of land for public use (e.g., recreation or e	education)	Preservation of a hi	istorically	important land area
	X Protection of natural habitat		Preservation of a ce	ertified his	storic structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservati	on contribution in the for	m of a co	nservation easement on the last
	day of the tax year.]	Held at the End of the Tax Year
а					2a 111
	Total acreage restricted by conservation easements			1	2b 15,065.00
	Number of conservation easements on a certified historic str				2c 0
	Number of conservation easements included in (c) acquired			r	
-	listed in the National Register				2d 0
3	Number of conservation easements modified, transferred, re				
-	year 1			and organ	
4	Number of states where property subject to conservation ea	sement is loca	ted ► 1		
5	Does the organization have a written policy regarding the pe			– of	
•	violations, and enforcement of the conservation easements i				X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
-	► 422	···a.··	sianerie, and enterening et		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violatio	ns. and enforcing conser	vation ea	sements during the year
-	▶\$ 12,165.		,		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the r	equirements of section 1	70(h)(4)(B	B)(i)
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organiza		•		
	conservation easements.				,
Par	t III Organizations Maintaining Collections o	f Art, Histo	rical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958). not to	report in its revenue stat	tement an	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exl				
	the text of the footnote to its financial statements that descri				, , , ,
b	If the organization elected, as permitted under SFAS 116 (AS			ent and b	alance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e				
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre				
-	the following amounts required to be reported under SFAS 1			s.a. gain, j	F
а	Revenue included on Form 990, Part VIII, line 1		-		▶ \$
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 201
	10-09-17	3 101 1 01111 330	J.		
132051	10-03-17	-			

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2017.04030 MISSISSIPPI VALLEY CONSERVA 11780_11

Sche	dule D (Form 990) 2017 MISSISS	PPI VALLEY	CONSE	RVA	NCY, I	NC.		39	-18	71201	- Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tr	easures, o	or Oth	er Si	milar /	Asset	t s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the	following that	at are a s	signific	ant use	of its o	collection	item	s
	(check all that apply):											
а	Public exhibition	d			hange progra							
b	Scholarly research	e	U Other									
С	Preservation for future generations											
4	Provide a description of the organization's co								in Part	XIII.		
5	During the year, did the organization solicit or									,		1
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang		te if the orga	nizatio	n answered	"Yes" or	1 Form	1 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Part							-11				
1a	Is the organization an agent, trustee, custodia									Nee		1.
h	on Form 990, Part X?								ட	Yes		No
b			iowing table.							Amount		
<u> </u>	Beginning balance							1c		Amount		
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo									Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been	provided on	Part XII	I]
Par	t V Endowment Funds. Complete if	the organization and	swered "Yes"	on Fo	orm 990, Par	t IV, line	10.					
		(a) Current year	(b) Prior ye	ear	(c) Two yea		(d) Th	ree years	back	(e) Four	years	back
1a	Beginning of year balance	228,634.	184	,863.	12	8,731.		73,	271.			
b	Contributions	1,863,242.		,040.		3,670.		55,	900.		,	000.
С	Net investment earnings, gains, and losses	23,848.	20	,070.		6,552.		3,	192.		2,	271.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs			339.		4,090.		3,	632.			
	Administrative expenses											
-	End of year balance	2,115,724.		,634.		4,863.		128,	731.		73,	271.
2	Provide the estimated percentage of the curre	ent year end balance		umn (a	a)) held as:							
	Board designated or quasi-endowment	0/	_%									
	Permanent endowment 97.74	<u>%</u> 2.26 %										
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be											
20	Are there endowment funds not in the posses	-	tion that are	hold a	nd administr	ared for t	the or	nonizatio	n			
Ja	by:	ssion of the organiza		neiu a				Janizatic	11	Ŀ	Yes	No
	(i) unrelated organizations									3a(i)	103	X
	(ii) related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sched	ule R?						3b		
4	Describe in Part XIII the intended uses of the									L I	-	
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line	11a. S	See Form 990), Part X	, line 1	0.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccum	ulated		(d) Book	value	Э
		basis (investm	ient)	basis	(other)	de	precia	tion				
1a	Land		11	,11	4,545.				1	1,114	.,54	45.
	Buildings											
	Leasehold improvements											
	Equipment				0 050							
	Other				8,252.		70	,495				57.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, column (B)	, line 1	0c.)			🕨		1,122		
								Sch	edule	D (Form	990)	2017

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	(Form 990) 2017	MISSISSIPPI	VALLEY	CONSE	RVANCY,	INC.	39-1871201 _{Page}
Part VII	Investments -	Other Securities.					
		anization answered "Yes"	on Form 990, F	Part IV, line	11b. See Form	n 990, Part X,	line 12.
(a) Descrip	tion of security or categ	JOIY (including name of security)	(b) Book	value	(c) Metho	d of valuation	n: Cost or end-of-year market value
(1) Financia	al derivatives						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(U) (H)							
	h) must equal Form 990	D, Part X, col. (B) line 12.) 🕨					
		Program Related.					
i art viii		-	on Form 000 [Dort IV/ line :	110 Coo Form		line 19
	(a) Description of	anization answered "Yes"	(b) Book				n: Cost or end-of-year market value
(4)		investment		value	(6) Metho		1. Oust of child of year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
), Part X, col. (B) line 13.) 🕨					
Part IX	Other Assets.						
	Complete if the org	anization answered "Yes"		Part IV, line	11d. See Form	n 990, Part X,	
		(a)	Description				(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Fo	orm 990, Part X, col. (B) line	e 15)				
Part X	Other Liabilitie						
		anization answered "Yes"	on Form 990	Part IV line :	11e or 11f See	e Form 990 F	Part X line 25
1.		escription of liability			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	ion's financial	I statements that reports the
-					-		ote has been provided in Part XIII
							Schedule D (Form 990) 20

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Sche	edule D (Form 990) 2017 MISSISSIPPI VALLEY CONSERV				1871201 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	3,143,918.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	17,231.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	17,231.
3	Subtract line 2e from line 1			3	3,126,687.
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	-7,106.		
с	Add lines 4a and 4b			4c	-7,106.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,119,581.
<u> </u>				•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi		•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wi	th Expenses per	•	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses per	•	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per	Retu	irn.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wi	th Expenses per	Retu	irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	th Expenses per	Retu	irn.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	Retu	rn. 559,616.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	Retu	rn. 559,616. 7,106.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	1	rn. 559,616.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	1 2e	rn. 559,616. 7,106.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per	1 2e	rn. 559,616. 7,106.
1 2 6 6 8 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2b 2c 2d 2d	th Expenses per	1 2e	rn. 559,616. 7,106. 552,510.
1 2 b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per	1 2e	rn. 559,616. 7,106. 552,510. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per	1 2e 3	rn. 559,616. 7,106. 552,510.

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
732054 10-09-17 Schedule D (Form 990) 2017

28 14301203 788028 11780.1AU01 2017.04030 MISSISSIPPI VALLEY CONSERVA 11780_11

Chedule D (Form 990) 2017 MISSISSIPPI VALLEY CONSERVANCY, INC. Part XIII Supplemental Information (continued)	39-1871201 _{Page}
PROPERTIES, AND LAND PROTECTION PROJECTS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B	-7,106
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B	7,106
	Schedule D (Form 990) 20

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SCHEDULE G (Form 990 or 990-EZ)		ntal Information Regardin	-					OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	C	organization entered more than ► Attach to Form 9	90 or Fo	rm 99	0-EZ.			Open to Public
Name of the organization		► Go to www.irs.gov/Form990				-		entification number
	ing Activities	IPPI VALLEY CONSE Complete if the organization ans						
 Indicate whether the a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organization key employees lister 	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the follo e Solic f Solic g Spec or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pu	itation of itation of ial fundra ual (inclue n profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or	Yes Pris to t	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amounto (or retain fundrais listed in c	ied by) ser	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solic	cit contrik	Dution	s or has been notified	d it is exemp	t from r	egistration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for For	m 990 or	990-	EZ. S	Schedule G	(Form §	990 or 990-EZ) 2017

732081 09-13-17

30 14301203 788028 11780.1AU01 2017.04030 MISSISSIPPI VALLEY CONSERVA 11780_11

39-1871201 Page 2 Schedule G (Form 990 or 990-EZ) 2017 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

			(a) Event #1 BANQUET	(b) Event #2 20TH ANNIVERSARY	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
חפעפו ומפ	1	Gross receipts	68,250.	13,326.		81,576
	2	Less: Contributions	63,300.	12,826.		76,126
	3	Gross income (line 1 minus line 2)	4,950.	500.		5,450
	4	Cash prizes				
0	5	Noncash prizes				
ה ה ה	6	Rent/facility costs		819.		819
nireci Expenses	7	Food and beverages	4,950.	171.		5,121
ב		Entertainment				
	9	Other direct expenses		689.		1,166
- 1		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			►	7,106
	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross revenue				
- I						
	2	Cash prizes				
		Cash prizes				
חווברו באחבוואבא						
	3	Noncash prizes				
nieu Expelises	3 4 5	Noncash prizes	Yes %	└── Yes% └── No	Yes% No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No		□ No	
	3 4 5 6	Noncash prizes	h 5 in column (d)	No No	□ No ►	
-	3 4 5 6 7 8	Noncash prizes	Yes % No % 1 5 in column (d) 7 from line 1, column (d)	No No	□ No ►	
- - 	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No ▶	Yes No
- 9 a	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No ▶	Yes No
a b	3 4 5 6 7 8 Entt Is t If "I We	Noncash prizes	Yes % No % 1 Yes % No % % 7 from line 1, column (d)	states?	▶ No	
) a b	3 4 5 6 7 8 Entt Is t If "I We	Noncash prizes	Yes % No % 1 Yes % No % % 7 from line 1, column (d)	states?	No	

Sch	edule G (Form 990 or 990-EZ) 2017 MISSISSIPPI VALLEY CONSERVANCY, INC. 39-1871201 Page
	Does the organization conduct gaming activities with nonmembers?
	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:
	The organization's facility 13a
	An outside facility 13b
	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 > \$
с	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 > \$
Pa	supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
73208	3 09-13-17 Schedule G (Form 990 or 990-EZ) 20
۱ ۱ ۱	32 203 788028 11780.1AU01 2017.04030 MISSISSIPPI VALLEY CONSERVA 11780_1
	TION TIONT TION TION TO

Schedule G	(Form 990 or 990-EZ)	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.	39-1871201 Page 4
Part IV	Supplemental In	irormation (continued)				
32084 04-01-	17					Schedule G (Form 990 or 990-EZ
				33		
01203	788028 1178	30.1AU01 201	7.04030	MISSISSIPPI	VALLEY	CONSERVA 11780_11

SCHED	ULE M	
(Form 9	90)	

Noncash Contributions

OMB No. 1545-0047

Ľ

Employer identification number 39-1871201

Department of the Treasury	
Internal Revenue Service	

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

Open To Public Inspection

Name of the organization

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

MISSISSIPPI VALLEY CONSERVANCY, INC.

Pa	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of d		
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	5	1,063,667.	FAIR MARKET	VALU	E
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other	Х	1	285,000.	FAIR MARKET	VALU	E
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other 🕨 ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organized						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			
						Yes	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						
	exempt purposes for the entire holding period	?				30a	<u> </u>
	If "Yes," describe the arrangement in Part II.						17
31	Does the organization have a gift acceptance				itions?	31	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or sell noncash			

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2017

32a

х

732141 09-07-17

Schedule M (Form 990) 2017	MISSISSIPPI	VALLEY	CONSERVANCY,	INC.	39-1871201	Page 2

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

SCHEDULE M, PART I, COLUMN (B):

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

Schedule M (Form 990) 2017

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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.

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 CRAWFORD, GRANT, JACKSON, AND RICHLAND. CROSSE, MONROE, VERNON, 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) (2017) 732211 09-07-17

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Schedule O (Form 990 or 990-EZ) (2017) Page 10 Pag									
Name of the organization	Employer identification number								
MISSISSIPPI VALLEY CONSERVANCY, INC.	39-1871201								

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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2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

onur 9.	JO FAGE IU	_					330		-					
Asset No.	Description	Date Acquired	Method	Life	C o Line n No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES													
	EQUIPMENT			.000	HY16	78,252.				78,252.	68,513.		1,982.	70,495.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					78,252.				78,252.	68,513.		1,982.	70,495.
	LAND													
	LAND HELD FOR CONSERVATION			.000	HY16	11114545.				11114545.			٥.	
	* 990 PAGE 10 TOTAL LAND					11114545.				11114545.	٥.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					11192797.				11192797.	68,513.		1,982.	70,495.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ing number
Type or print	or Name of exempt organization or other filer, see instructions.			Employe	mployer identification number (EIN) of	
•	MISSISSIPPI VALLEY CONSERVANCY, INC.			39-1871201		
File by the due date for filing your return. See	he e for Number, street, and room or suite no. If a P.O. box, see instructions. So ur PO BOX 2611		Social se	ocial security number (SSN)		
instructions						
Enter the	Return Code for the return that this application is for (file a separa	ate application for each return)			01
Application Return Application				Return		
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above) DAVID MORRISON	06	Form 8870			12
 If the If this box 1 	hone No. \blacktriangleright 608-784-3606 organization does not have an office or place of busine is for a Group Return, enter the organization's four digit \square . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the	t Group Exe	emption Number (GEN) I uch a list with the names and EINs of Y 15, 2019, to file	this is fo all memb	r the whole ers the exte	ension is for.
	calendar year or tax year beginning JUL 1, 2017 tax year entered in line 1 is for less than 12 months, Change in accounting period		d ending JUN 30, 2018 on: Initial return I	-inal retur	 'n	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					_	
noi	nonrefundable credits. See instructions. 3a \$					0.
b If t	, , , , , , , , , , , , , , , , , , ,					•
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					0	
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					0.	
Caution: instructio	If you are going to make an electronic funds withdraw. ns.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 88	79-EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice	e. see instr	uctions.		Form	8868 (Rev. 1-2017)

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address: www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization MISSISSIPPI VALLEY CO	NSERVANCY, INC.			
Federal EIN: 39-1871201	Fiscal Year-End: 06302018 mm/dd/yyyy			
	Did the organization's fiscal year-end change? Yes X No			
Mailing Address: DAVID MORRISON	Physical Address: DAVID MORRISON			
Contact Person PO BOX 2611	Contact Person PO BOX 2611			
Street Address LA CROSSE, WI 54602	Street Address LA CROSSE, WI 54602			
City, State, and ZIP Code 608-784-3606	City, State, and ZIP Code			
Phone Number CAROL@MISSISSIPPIVALLEYCONSER	Phone Number CAROL@MISSISSIPPIVALLEYCONSERVANCY.			
Email Address	Email Address			
 List all of the organization's alternate and former names (attach list if n List all names under which the organization solicits contributions (attach list) 	Alternate Former			
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	Yes X No			
5. Total amount of contributions the organization received from Minnesot	ta donors: \$ 48,508.			
 Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation. 				
 7. Has the organization significantly changed its purpose(s) or program(s) Yes X No If yes, attach explanation.)?			

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gove \square Yes $\boxed{\mathbf{X}}$ No If yes, attach explanation.	ernment agency?			
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No	consultant) to			
	If yes, provide the following information for each (attach list if more space is needed):				
	Name of Professional Fundraiser	Compensation			
	Street Address	City, State, and ZIP Cod	le		
10.	0. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.				
11.	 Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No If yes, provide the following information for the five highest paid individuals: 				
	Name and title	Compensation*	Other compensation		

*Componention is defined as the total amount reported on Form W 2 (Poy 5) or Form 1000 MISC (Poy 7)

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. 309.53, subd.

3(i) and Minn. Stat. \S 317A.011 for definitions.

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SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	\$	3,055,523.1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	1,783. 3
4.	Other Revenue	\$	62,275.4
5.	TOTAL INCOME	\$	3,119,581.5
EXPE	NSES		
6.	Program Expenses	\$	473,342. ₆
7.	Management & General Expenses	\$	48,930. 7
8.	Fund-raising Expenses	\$	30,238. ₈
9.	TOTAL EXPENSES	\$	552,510. ₉
10.	EXCESS or DEFICIT	\$	2,567,071. ₁₀
	(Line 5 minus Line 9)		
ASSE	TS		
11.	Cash	\$	291,359. ₁₁
12.	Land, Buildings & Equipment	\$	11,122,302. ₁₂
13.	Other Assets	\$	3,759,165. 13
14.	TOTAL ASSETS	\$	15,172,826. 14
LIAB	ILITIES		
15.	Accounts Payable	\$	26,168. 15
16.	Grants Payable	\$	16
17.	Other Liabilities	\$	17
18.	TOTAL LIABILITIES	\$	26,168. 18
FUND BALANCE/NET WORTH			15,146,658.
(Line 1	4 minus Line 18)		

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2017.04030 MISSISSIPPI VALLEY CONSERVA 11780_11

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

expenses general expenses expenses general expenses expense 1. Grants and other assistance to governments and organizations in the U.S.	Columns	B, C, and D must equal Column A. The amour	nt on Line 25, Column A	must match Line 17 of I	RS Form 990-EZ or Line	26 of IRS Form 990-PF.
and organizations in the U.S.			(A) Total expenses	Program service	Management and	(D) Fundraising expenses
2. Grants and other assistance to individuals in the U.S. 3. Grants and other assistance to governments, organizations, and individuals outside the U.S. 3. Benefits paid to or for members 4. 5. Compensation of current officers, trustees, and key employees 89,488. 7. Other salaries and wages 265,230. 8. Pension plan contributions (include social of disqualified persons described in section 4986(r)(3)(B) 7. Other salaries and wages 9. Other salaries and wages 265,230. 228,518. 21,485. 15, 9. Other employee benefits 26,614. 22,930. 2,156. 1, 10. Payroll taxes 23,773. 20,482. 1,926. 1, 10. Payroll taxes 23,773. 20,482. 1,926. 1, 11. Fees for services (non-employees): 4 4 4,900.	1. Gra	ants and other assistance to governments				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.	and	d organizations in the U.S.				
organizations, and individuals outside the U.S. individuals outside the U.S. 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 89,488. 77,101. 7,249. 5, 6. Compensation of current officers, directors, trustees, and key employees 89,488. 77,101. 7,249. 5, 6. Compensation of uncluded above, to disqualified persons (as defined under section 4958(f)) and persons described in section 4958(f)) and ages 265,230. 228,518. 21,485. 15, 7. Other staines and wages 26,514. 22,930. 2,155. 1, 9. Other employee benefits 26,514. 22,930. 2,155. 1, 10. Payroll taxes 23,773. 20,482. 1,926. 1, 11. Fees for services (non-employees): a. Management b. legal 6. Otter 362. 263. <t< td=""><td>2. Gran</td><td>nts and other assistance to individuals in the U.S.</td><td></td><td></td><td></td><td></td></t<>	2. Gran	nts and other assistance to individuals in the U.S.				
organizations, and individuals outside the U.S. image: status of the statu	3. Gra	ants and other assistance to governments,				
5. Compensation of current officers, directors, trustees, and key employees 89,488. 77,101. 7,249. 5, 6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and the section 4958(f)(1) and						
trustees, and key employees 89,488. 77,101. 7,249. 5, 6. Compensation not include above, to disqualified persons described in section 4958(c)(3)(B) -	4. Ben	nefits paid to or for members				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and for the se	5. Cor	mpensation of current officers, directors,				
persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(3)(8) 265,230. 228,518. 21,485. 15, 7. Other salaries and wages 265,230. 228,518. 21,485. 15, 8. Pension plan contributions (include section 401(k) and section 403(k) employer contributions) 5,705. 4,915. 462. 9. Other employee benefits 26,614. 22,930. 2,156. 1, 10. Payroli taxes 23,773. 20,482. 1,926. 1, 11. Fees for services (non-employees):	trus	stees, and key employees	89,488.	77,101.	7,249.	5,138.
persons described in section 4958(c)(3)(B)	6. Com	npensation not included above, to disqualified				
persons described in section 4958(c)(3)(B)	pers	sons (as defined under section 4958(f)(1) and				
7. Other salaries and wages 265,230. 228,518. 21,485. 15, 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 5,705. 4,915. 462. 9. Other employee benefits 26,614. 22,930. 2,156. 1, 10. Payroll taxes 23,773. 20,482. 1,926. 1, 11. Fees for services (non-employees):						
8. Pension plan contributions (include section 401(k) and section 403(k) employer contributions) 5,705. 4,915. 462. 9. Other employee benefits 26,614. 22,930. 2,155. 1, 10. Payroll taxes 23,773. 20,482. 1,926. 1, 11. Fees for services (non-employees):			265,230.	228,518.	21,485.	15,227.
401(k) and section 403(b) employer contributions) 5,705. 4,915. 462. 9. Other employee benefits 26,614. 22,930. 2,156. 1, 10. Payroli taxes 23,773. 20,482. 1,926. 1, 11. Fees for services (non-employees):						
11. Fees for services (non-employees):			5,705.	4,915.	462.	328.
11. Fees for services (non-employees):			26,614.	22,930.	2,156.	1,528.
11. Fees for services (non-employees):				20,482.	1,926.	1,365.
a. Management b. Legal b. Legal 6,900. c. Accounting 6,900. d. Lobbying 6 e. Professional fundraising services 1 f. Investment management fees 90. g. Other 362. 12. Advertising and promotion 890. 870. 12. 13. Office expenses 29,173. 21. p17. 2,803. 4. Information technology 8,481. 7. 612. 482. 16. Occupancy 58,037. 17. Travel 8,804. 9. Conferences, conventions, and meetings 4,211. 19. Conferences, conventions, and meetings 4,211. 20. Interest 21. 21. Payments to affiliates 22. 22. Depreciation, depletion, and amortization 22. 23. Insurance 14,591. 13,506. 24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25). 300. a. DUES AND SUBSCRIPTIONS 6,431. 6,049. 242. b. BAD DEBT EXPENSE 300. 300. 300.			,	,		,
b. Legal 6,900. 6,900. c. Accounting 6,900. 6,900. d. Lobbying						
c. Accounting 6,900. 6,900. d. Lobbying						
d. Lobbying	-		6,900.		6,900.	
e. Professional fundraising services		• • • • • • • • • • • • • • • • • • •	,			
f. Investment management fees 362. 263. g. Other 362. 263. 12. Advertising and promotion 890. 870. 12. 13. Office expenses 29,173. 21,917. 2,803. 4, 14. Information technology 8,481. 7,612. 482. 482. 15. Royalties						
g. Other 362. 263. 12. Advertising and promotion 890. 870. 12. 13. Office expenses 29,173. 21,917. 2,803. 4, 14. Information technology 8,481. 7,612. 482. 482. 15. Royalties						
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		al functional expanses. Add lines 1 through 0.4d	550 522			30,238.
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26. Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation	SOF zati con	P 98-2. Complete this line only if the organi- ion reported in Column B joint costs from a nbined educational campaign and				

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowled	Igment			
The form must be executed pursuant to a resolution of the board of directo	rs, trustees, or managing group and			
must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.				
We, the undersigned, state and acknowledge that we are duly constitut	ed officers of this organization, being the			
(Title) and	(Title) respectively, and			
that we execute this document on behalf of the organization pursuant to the	e resolution of the			
(Board o	of Directors, Trustees, or Managing Group) adopted on the			
day of, 20, approving the contents of the docum	ent, and do hereby certify that the			
(Board o	of Directors, Trustees, or Managing Group) has assumed, and will continue			
to assume, responsibility for determining matters of policy, and have superv	rised, and will continue to supervise, the operations and finances of the			
organization. We further state that the information supplied is true, correct a	and complete to the best of our knowledge.			
DAVID MORRISON				
Name (Print)	Name (Print)			
Signature	Signature			
TREASURER				
Title	Title			
Date	Date			

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