Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

Name of organization: MISSOURI CONSERVATION HERITAGE FOUNDATION

Address: P.O. BOX 366 JEFFERSON CITY MO 65102-0366

Employer identification number: 47-1797156

Gross receipts: $2,886,659

Website: WWW.MOCWF.ORG

Part I - Summary

1. Briefly describe the organization's mission or most significant activities:

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

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

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

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

6. Total number of volunteers (estimate if necessary)

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

8. Net unrelated business taxable income from Form 990-T, line 38

Revenue

Contribution grants (Part VIII, line 1h)
Program service revenue (Part VIII, line 2g)
Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

Grants and similar amounts paid (Part IX, column (A), lines 1–3)
Benefits paid to or for members (Part IX, column (A), line 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Professional fundraising fees (Part IX, column (A), line 11e)
Total fundraising expenses (Part IX, column (D), line 25) ▶
Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract line 18 from line 12

Part II - Signature Block

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

Signature of officer: STEVE BRADSHAW
TREASURER

Print/Type preparer's name: Amy L. Watson
Preparer's signature

Date of preparation: 06/08/20

Check □ self-employed

PTIN: 021362636

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)