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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public  
Inspection

<b>A For the 2012 calendar year, or tax year beginning</b>		7/01	<b>, 2012, and ending</b>		6/30	<b>, 2013</b>		
<b>B Check if applicable</b>		<b>C</b>				<b>D Employer identification number</b>		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION</b> 3115 SOUTH GRAND BLVD. #650 ST. LOUIS, MO 63118				23-7167066		
		<b>F Name and address of principal officer</b> DAVID LOBBIG <b>Same As C Above</b>				<b>E Telephone number</b> 314-727-0600		
<b>I Tax-exempt status</b>		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) ▶ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	527	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J Website:</b>		► <a href="http://WWW.MOENVIRON.ORG">WWW.MOENVIRON.ORG</a>				<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)		
<b>K Form of organization</b>		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	<b>L Year of formation</b>	1969	<b>M State of legal domicile</b> , MO

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities.	THE MISSOURI COALITION FOR THE ENVIRONMENT WORKS TO PROTECT AND RESTORE THE ENVIRONMENT THROUGH EDUCATION, PUBLIC ENGAGEMENT, AND LEGAL ACTION.		
	2 Check this box ▶ <input type="checkbox"/> if the organization discontinued its operations or disposed of all or more than 50% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13		
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 7		
	6 Total number of volunteers (estimate if necessary)	6 40		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.			
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year 332,519. Current Year 347,618.		
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,053. 15,954.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,196. 34,640.		
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	426,768. 398,212.		
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	283,692. 241,935.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,211.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	219,209. 89,482.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	502,901. 331,417.		
19 Revenue less expenses. Subtract line 18 from line 12	-76,133. 66,795.			
<b>Net Assets or Fund Balances</b>	Beginning of Current Year	End of Year		
	20 Total assets (Part X, line 16)	485,800. 548,511.		
	21 Total liabilities (Part X, line 26)	14,059. 9,975.		
	22 Net assets or fund balances Subtract line 21 from line 20	471,741. 538,536.		

<b>Part II Signature Block</b>		
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		
<b>Sign Here</b>	► <i>Laura Illy</i> Signature of officer	<i>5/12/14</i> Date
	► <i>Laura Illy, Director of Finance</i> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	John C. Simpson	John C. Simpson	5/9/2014		P01267742
	Firm's name ▶ Voellinger, Simpson, Dolan & Assoc. P.C.				
Firm's address ▶ 4010 N. Illinois St., Ste 3 Belleville, IL 62226			Firm's EIN ▶ 37-1309334		
			Phone no (618) 233-8515		

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

 Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/18/12

Form 990 (2012)

617 10

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

THE MISSOURI COALITION FOR THE ENVIRONMENT WORKS TO PROTECT AND RESTORE THE ENVIRONMENT THROUGH EDUCATION, PUBLIC ENGAGEMENT, AND LEGAL ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 139,706. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

See Schedule O

4b (Code: \_\_\_\_\_) (Expenses \$ 75,598. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

CLEAN AIR AND CLEAN ENERGY - EDUCATING AND ENGAGING MISSOURIANS IN ADVANCING ENERGY EFFICIENCY POLICIES AND PROGRAMS; REPRESENTING MEMBERS IN LEGAL ACTION TO ENFORCE A RENEWABLE ENERGY STANDARD IN MISSOURI; EDUCATING MISSOURIANS ABOUT THE LOCATION AND HAZARDS OF RADIOACTIVE NUCLEAR WEAPONS WASTES SITES AND WORKING WITH LOCAL CITIZEN GROUPS TO ADVOCATE FOR THE REMOVAL OF THESE WASTES; CONVENING MEETINGS WITH LOCAL, STATE AND FEDERAL GOVERNMENT OFFICIALS, EXPERTS, CITIZEN GROUPS, AND THE MEDIA TO ADDRESS THE MYRIAD OF ISSUES THAT ARISE IN COMMUNITIES LIVING NEAR RADIOACTIVE NUCLEAR WEAPONS WASTES SITES; MONITORING FEDERAL AIR QUALITY POLICY; EDUCATING CITIZENS ABOUT THE DANGERS OF NUCLEAR POWER, ADVOCATING FOR STRICTER NUCLEAR WASTE CONFIDENCE POLICIES, AND PROMOTING THE GENERATION OF POWER FROM SAFE, CLEAN, RENEWABLE SOURCES.

4c (Code: \_\_\_\_\_) (Expenses \$ 25,248. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

MEMBERSHIP AND COMMUNICATION- INFORMING AND ENGAGING MEMBERS, THE PUBLIC, AND THE MEDIA IN PRINTED AND ELECTRONIC MEDIA; ACTIVITIES INCLUDE: SPEAKING AND PRESENTING AT CONFERENCES, WORKSHOPS, AND PUBLIC EVENTS ON ENVIRONMENTAL ISSUES; PROVIDING LOGISTICAL AND TECHNICAL SUPPORT TO GRASSROOTS CITIZEN GROUPS AND INDIVIDUALS FACING LOCAL ENVIRONMENTAL THREATS; RECOGNIZING ENVIRONMENTAL LEADERS THROUGH ANNUAL AWARDS; SENDING E-MAIL ALERTS AND PRINT NEWSLETTERS ON TOPICS OF INTEREST TO OUR MEMBERS, SUCH AS CLIMATE CHANGE, WATER QUALITY, AND LAND PRESERVATION, AND MOBILIZING THEM TO ACTION; ATTENDING AND TABLING AT PUBLIC EVENTS; HOSTING MEMBER EVENTS AND CONVENING OTHER ORGANIZATIONS TO DISCUSS LOCAL AND STATEWIDE ENVIRONMENTAL ISSUES.

4d Other program services. (Describe in Schedule O)

See Schedule O

(Expenses \$ 12,602. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 253,154.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
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 <i>Schedule C, Part I</i>	3 X	
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete <i>Schedule C, Part II</i>	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 <i>Schedule C, Part III</i>	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 <i>Schedule D, Part I</i>	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete <i>Schedule D, Part II</i>	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete <i>Schedule D, Part III</i>	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 <i>Schedule D, Part IV</i>	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 <i>Schedule D, Part V</i>	10 X	
11	If the organization's answer to any of the following questions is 'Yes', then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete <i>Schedule D, Part VI</i>	11 a X	
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 <i>Schedule D, Part VII</i>	11 b X	
c	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 <i>Schedule D, Part VIII</i>	11 c 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 <i>Schedule D, Part IX</i>	11 d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete <i>Schedule D, Part X</i>	11 e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete <i>Schedule D, Part X</i>	11 f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete <i>Schedule D, Parts XI, and XII</i>	12a X	
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 <i>Schedule D, Parts XI and XII</i> is optional	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete <i>Schedule E</i>	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete <i>Schedule F, Parts I and IV</i>	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete <i>Schedule F, Parts II and IV</i>	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete <i>Schedule F, Parts III and IV</i>	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete <i>Schedule G, Part I</i> (see instructions)	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete <i>Schedule G, Part II</i>	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete <i>Schedule G, Part III</i>	19 X	
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete <i>Schedule H</i>	20 X	
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b X	

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b 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	
25a Section 501(c)(3) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	X
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? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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	X

BAA

Form 990 (2012)

## Part V | Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	1 a	5	
b	1 b	0	
c	1 c		X
2 a	2 a	7	
b	2 b	X	
3 a	3 a		X
b	3 b		
4 a	4 a		X
	5 a		X
b	5 b		X
c	5 c		
6 a	6 a		X
	6 b		
7 a	7 a		X
b	7 b		
c	7 c		X
d	7 d		
e	7 e		X
f	7 f		X
g	7 g		
h	7 h		
8	8		
9 a	9 a		
9 b	9 b		
10 a	10 a		
b	10 b		
11 a	11 a		
b	11 b		
12 a	12 a		
b	12 b		
13 a	13 a		
b	13 b		
c	13 c		
14 a	14 a		
b	14 b		
15 a	15 a		
b	15 b		
16 a	16 a		
b	16 b		
17 a	17 a		
b	17 b		
18 a	18 a		
b	18 b		
19 a	19 a		
b	19 b		
20 a	20 a		
b	20 b		
21 a	21 a		
b	21 b		
22 a	22 a		
b	22 b		
23 a	23 a		
b	23 b		
24 a	24 a		
b	24 b		
25 a	25 a		
b	25 b		
26 a	26 a		
b	26 b		
27 a	27 a		
b	27 b		
28 a	28 a		
b	28 b		
29 a	29 a		
b	29 b		
30 a	30 a		
b	30 b		
31 a	31 a		
b	31 b		
32 a	32 a		
b	32 b		
33 a	33 a		
b	33 b		
34 a	34 a		
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35 a	35 a		
b	35 b		
36 a	36 a		
b	36 b		
37 a	37 a		
b	37 b		
38 a	38 a		
b	38 b		
39 a	39 a		
b	39 b		
40 a	40 a		
b	40 b		
41 a	41 a		
b	41 b		
42 a	42 a		
b	42 b		
43 a	43 a		
b	43 b		
44 a	44 a		
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45 a	45 a		
b	45 b		
46 a	46 a		
b	46 b		
47 a	47 a		
b	47 b		
48 a	48 a		
b	48 b		
49 a	49 a		
b	49 b		
50 a	50 a		
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51 a	51 a		
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52 a	52 a		
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54 a	54 a		
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56 a	56 a		
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57 a	57 a		
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58 a	58 a		
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59 a	59 a		
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60 a	60 a		
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61 a	61 a		
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62 a	62 a		
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63 a	63 a		
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67 a	67 a		
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68 a	68 a		
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69 a	69 a		
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70 a	70 a		
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71 a	71 a		
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72 a	72 a		
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73 a	73 a		
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74 a	74 a		
b	74 b		
75 a	75 a		
b	75 b		
76 a	76 a		
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77 a	77 a		
b	77 b		
78 a	78 a		
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79 a	79 a		
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80 a	80 a		
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81 a	81 a		
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82 a	82 a		
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83 a	83 a		
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85 a	85 a		
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86 a	86 a		
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87 a	87 a		
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88 a	88 a		
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89 a	89 a		
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90 a	90 a		
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91 a	91 a		
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92 a	92 a		
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93 a	93 a		
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94 a	94 a		
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95 a	95 a		
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96 a	96 a		
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97 a	97 a		
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99 a	99 a		
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101 a	101 a		
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119 a	119 a		
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122 a	122 a		
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124 a	124 a		
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126 a	126 a		
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127 a	127 a		
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137 a	137 a		
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b	172 b		
173 a	173 a		
b	173 b		
174 a	174 a		
b	174 b		
175 a	175 a		
b	175 b		
176 a	176 a		
b	176 b		
177 a	177 a		
b	177 b		
178 a	178 a		
b	178 b		
179 a	179 a		
b	179 b		
180 a	180 a		
b	180 b		
181 a	181 a		
b	181 b		
182 a	182 a		
b	182 b		
183 a	183 a		
b	183 b		
184 a	184 a		
b	184 b		
185 a	185 a		
b	185 b		
186 a	186 a		
b	186 b		
187 a	187 a		
b	187 b		
188 a	188 a		
b	188 b		
189 a	189 a		
b	189 b		
190 a	190 a		
b	190 b		
191 a	191 a		
b	191 b		
192 a	192 a		
b	192 b		
193 a	193 a		
b	193 b		
194 a	194 a		
b	194 b		
195 a	195 a		
b	195 b		
196 a	196 a		
b	196 b		
197 a	197 a		
b	197 b		
198 a	198 a		
b	198 b		
199 a	199 a		
b	199 b		
200 a	200 a		
b	200 b		
201 a	201 a		
b	201 b		
202 a	202 a		
b	202 b		
203 a	203 a		
b	203 b		
204 a	204 a		
b	204 b		
205 a	205 a		
b	205 b		
206 a	206 a		
b	206 b		
207 a	207 a		
b	207 b		
208 a	208 a		
b	208 b		
209 a	209 a		
b	209 b		
210 a	210 a		
b	210 b		
211 a	211 a		
b	211 b		
212 a	212 a		
b	212 b		
213 a	213 a		
b	213 b		
214 a	214 a		
b	214 b		
215 a	215 a		
b	215		

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1 b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders? See Schedule O

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	Yes	No
1 a	13	
1 b	13	
2		X
3		X
4		X
5		X
6	X	
7 a	X	
7 b		X
8 a	X	
8 b	X	
9		X

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

10 a Did the organization have local chapters, branches, or affiliates?

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10 a		X
10 b		
11 a	X	
12 a	X	
12 b	X	
12 c	X	
13	X	
14	X	
15 a		X
15 b		X
16 a		X
16 b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► LAURA ILLY 3115 SOUTH GRAND BLVD. STE. 650 ST. LOUIS MO 63118 314-727-0600

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

Check if Schedule O contains a response to any question in this Part VII

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

1 a 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) R. MARTIN ARTHUR Director	1 0	X		X				0.	0.	0.
(2) JEFF DEPEW Director	1 0	X		X				0.	0.	0.
(3) DAVID GARIN Director	2 0	X		X				0.	0.	0.
(4) SUZANNE LOUI Secretary	2 0	X		X				0.	0.	0.
(5) JIM ROSE Treasurer	1 0	X		X				0.	0.	0.
(6) ARLENE SANDLER Director	3 0	X		X				0.	0.	0.
(7) DAVID LOBBIG President	5 0	X		X				0.	0.	0.
(8) REBECCA WRIGHT Director	1 0	X		X				0.	0.	0.
(9) CHRIS BURNETTE Director	1 0	X		X				0.	0.	0.
(10) STEVE MAHFOOD Director	1 0	X		X				0.	0.	0.
(11) BERNARD WAXMAN Director	1 0	X		X				0.	0.	0.
(12) RALPH EGLIN WAFER Vice President	2 0	X		X				0.	0.	0.
(13) ERIC WILKINSON Director	3 0	X		X				0.	0.	0.
(14) DAN BURKEMPER DIRECTOR	1 0						X	0.	0.	0.

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related orga niza tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(15) MEGHAN HART, PHD DIRECTOR	1 0				X	0.	0.	0.	
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1 b Sub-total</b>						►	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>						►	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>						►	0.	0.	0.

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

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

## Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII **CONTRIBUTIONS, GIFTS, GRANTS  
AND OTHER SIMILAR AMOUNTS****PROGRAM SERVICE REVENUE****OTHER REVENUE**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a Federated campaigns	1 a				
b Membership dues	1 b	61,387.			
c Fundraising events	1 c				
d Related organizations	1 d				
e Government grants (contributions)	1 e				
f All other contributions, gifts, grants, and similar amounts not included above	1 f	286,231.			
g Noncash contributions included in Ins 1a-1f: \$					
h Total. Add lines 1a-1f		347,618.			
2 a	Business Code				
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					
3 Investment income (including dividends, interest and other similar amounts)		15,954.			15,954.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less. rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c).					
See Part IV, line 18	a	31,790.			
b Less. direct expenses	b	6,415.			
c Net income or (loss) from fundraising events		25,375.			25,375.
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less. direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a MISCELLANEOUS	900099	9,265.	9,265.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		9,265.			
12 Total revenue. See instructions		398,212.	9,265.	0.	41,329.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX. 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	199,417.	156,809.	18,025.	24,583.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	26,357.	20,724.	2,383.	3,250.
10 Payroll taxes	16,161.	12,707.	1,461.	1,993.
11 Fees for services (non-employees).				
a Management				
b Legal	4,720.	4,720.		
c Accounting	9,109.	4,857.	1,444.	2,808.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	10,340.	10,340.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	13,799.	9,659.	1,380.	2,760.
17 Travel	9,346.	9,346.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,438.	619.	111.	9,708.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,443.	1,315.	43.	85.
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 O.)				
a <u>Printing and Publications</u>	9,928.	7,340.	190.	2,398.
b <u>GRANT &amp; CONTRACT</u>	4,979.	4,979.		
c <u>COMMUNICATIONS</u>	4,451.	3,116.	445.	890.
d <u>DUES</u>	4,214.	3,107.	369.	738.
e All other expenses	6,715.	3,516.	201.	2,998.
25 Total functional expenses. Add lines 1 through 24e	331,417.	253,154.	26,052.	52,211.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year	(B) End of year
ASSETS	1 Cash – non-interest-bearing	98,368.	119,146.
	2 Savings and temporary cash investments	289,169.	228,915.
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	7,745.	4,994.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	
	b Less. accumulated depreciation	10b	10c
	11 Investments – publicly traded securities	90,518.	195,456.
	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	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>485,800.</b>	<b>548,511.</b>
LIABILITIES	17 Accounts payable and accrued expenses	14,059.	17
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>14,059.</b>	<b>9,975.</b>
	<b>NET ASSETS OR FUND BALANCES</b>		
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	144,342.	27
	28 Temporarily restricted net assets	280,238.	28
	29 Permanently restricted net assets	47,161.	29
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	471,741.	33
	<b>34 Total liabilities and net assets/fund balances</b>	<b>485,800.</b>	<b>548,511.</b>

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Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	398,212.
2 Total expenses (must equal Part IX, column (A), line 25)	2	331,417.
3 Revenue less expenses. Subtract line 2 from line 1	3	66,795.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	471,741.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	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	538,536.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

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

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Form 990 (2012)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

OMB No 1545 0047

**2012****Open to Public  
Inspection**Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization	MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION	Employer identification number
		23-7167066

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	600,180.	480,589.	668,790.	332,519.	347,618.	2,429,696.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 Total.</b> Add lines 1 through 3	<b>600,180.</b>	<b>480,589.</b>	<b>668,790.</b>	<b>332,519.</b>	<b>347,618.</b>	<b>2,429,696.</b>
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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						<b>2,429,696.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	600,180.	480,589.	668,790.	332,519.	347,618.	2,429,696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,946.	3,514.	5,062.	8,053.	15,954.	44,529.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) <i>See Part IV</i>	3,679.	8,978.				12,657.
<b>11 Total support.</b> Add lines 7 through 10						<b>2,486,882.</b>
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input checked="" type="checkbox"/> <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.70 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	97.27 %
16 a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/> <input type="checkbox"/>
b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/> <input checked="" type="checkbox"/>
17 a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/> <input checked="" type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/> <input checked="" type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/> <input checked="" type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

**19a 33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**BAA**

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Schedule A (Form 990 or 990-EZ) 2012

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No 1545 0047

**2012**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate instructions.

Open to Public  
Inspection**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of organization

Employer identification number

MISSOURI COALITION FOR THE ENVIRONMENT

23-7167066

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours

► \$ \_\_\_\_\_

Yes  No  
 Yes  No

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_ 0 .
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_ 0 .
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

► \$ \_\_\_\_\_ 0 .

► \$ \_\_\_\_\_ 0 .

4a Was a correction made?

Yes  No  
 Yes  No

b If 'Yes,' describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

► \$ \_\_\_\_\_ 0 .

► \$ \_\_\_\_\_ 0 .

Yes  No

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

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

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

**B** Check  if the filing organization checked box A and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	0.	0.	
<b>d</b> Other exempt purpose expenditures	3,399.		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	3,399.	0.	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	680.		
<b>If the amount on line 1e, column (a) or (b) is</b>	<b>The lobbying nontaxable amount is.</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	170.	0.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,680.	4,539.	4,241.	680.	11,140.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					16,710.
<b>c</b> Total lobbying expenditures					0.
<b>d</b> Grassroots nontaxable amount	420.	1,135.	212.	170.	1,937.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					2,906.
<b>f</b> Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2012

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

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

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

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

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

**Part IV** **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No 1545 0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MISSOURI COALITION FOR THE ENVIRONMENT  
FOUNDATION

Employer identification number

23-7167066

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	47,161.	44,837.	41,885.	35,091.	0.
b Contributions	1,200.	2,324.	2,952.	6,885.	91.
c Net investment earnings, gains, and losses				-91.	
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					35,091.
g End of year balance	48,361.	47,161.	44,837.	41,885.	35,091.

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

BAA

Schedule D (Form 990) 2012

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. **N/A**

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

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. **N/A**

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15. **N/A**

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►</b>	

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

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

1 Total revenue, gains, and other support per audited financial statements	1	1,023,744.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	625,532.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	625,532.
3 Subtract line 2e from line 1	3	398,212.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	398,212.

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

1 Total expenses and losses per audited financial statements	1	956,949.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	625,532.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	625,532.
3 Subtract line 2e from line 1	3	331,417.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	331,417.

**Part XIII Supplemental Information**

Complete this part to 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 V, Line 4 - Intended Uses Of Endowment Fund**

PART V, LINE 4: THE EARNINGS FROM THE ENDOWMENT FUND ARE INTENDED TO BE USED FOR THE GENERAL OPERATIONS OF THE ORGANIZATION.

**PART X: AUDITED FINANCIAL STATEMENTS FOOTNOTE 1 - UNCERTAIN TAX POSITIONS**

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, EXCEPT ON INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES.

**Part XIII Supplemental Information (continued)****Part V, Line 4 - Intended Uses Of Endowment Fund (continued)**

THE FOUNDATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE FOUNDATION'S FEDERAL EXEMPT FOUNDATION BUSINESS INCOME TAX RETURNS (FORM 990) FOR 2011, 2010, 2009 ARE SUBJECT TO EXAMINATION BY THE IRS.

GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES:

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES:

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545 0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization MISSOURI COALITION FOR THE ENVIRONMENT  
FOUNDATION

Employer identification number  
23-7167066

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

2b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					0.

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

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.  
List events with gross receipts greater than \$5,000.

		(a) Event #1 eARTHWORKS (event type)	(b) Event #2 AUCTION (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	15,997.	12,464.		28,461.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	15,997.	12,464.		28,461.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,091.	3,324.		6,415.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,415.
	11 Net income summary. Combine line 3, column (d), and line 10				22,046.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

 Yes  No

b If 'No,' explain.

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

b If 'Yes,' explain.



**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545 0047

**2012**

Open to Public Inspection

Name of the organization

**MISSOURI COALITION FOR THE ENVIRONMENT**

Employer identification number

**23-7167066**

**Part I Questions Regarding Compensation**

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

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

**Yes** **No**

<b>1 b</b>	

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

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

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

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

<b>2</b>	

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

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

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

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

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

<b>4 a</b>	X
<b>4 b</b>	X

<b>4 c</b>	X

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

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

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

**a** The organization?

**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

<b>5 a</b>	X

<b>5 b</b>	X

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

**a** The organization?

**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

<b>6 a</b>	X

<b>6 b</b>	X

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

<b>7</b>	X

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

<b>8</b>	X

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

<b>9</b>	

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation				
1	(i)					
2	(i)					
3	(i)					
4	(i)					
5	(i)					
6	(i)					
7	(i)					
8	(i)					
9	(i)					
10	(i)					
11	(i)					
12	(i)					
13	(i)					
14	(i)					
15	(i)					
16	(i)					

**Part III Supplemental Information**

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

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545 0047

**2012**

**Open To Public  
Inspection**

Name of the organization

MISSOURI COALITION FOR THE ENVIRONMENT  
FOUNDATION

Employer identification number

23-7167066

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	1	30,134.	
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2012

## Part

**II. Supplemental Information.** Complete this part to 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.

**Supplemental Information to Form 990 or 990-EZ****2012****Open to Public  
Inspection**

Name of the organization	MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION	Employer identification number	23-7167066
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**Form 990, Part III, Line 4a - Program Service Accomplishments**

WATER PROGRAM- PRIORITIES INCLUDE: IMPROVING WATER QUALITY, PROTECTING AND RESTORING WETLANDS, REDUCING NUTRIENT POLLUTION INTO OUR RIVERS AND STREAMS, AND PROMOTING RESTORATION EFFORTS ON THE MISSISSIPPI AND MISSOURI RIVERS. ACTIVITIES INCLUDE: PROTECTING ALL WATERS OF THE U.S. IN MISSOURI WITH SCIENTIFIC WATER QUALITY STANDARDS AS REQUIRED BY THE CLEAN WATER ACT THROUGH WORK ON STATE TECHNICAL COMMITTEES, LITIGATION, AND PUBLIC EDUCATION AND OUTREACH; RESTORING WETLANDS BY MONITORING AND ENFORCING WETLAND MITIGATION EFFORTS; PARTICIPATING IN STATE WORK GROUPS TO ADDRESS AGRICULTURAL POLLUTION INTO RIVERS AND STREAMS; PROMOTING IMPROVED NUTRIENT AND PHOSPHOROUS MANAGEMENT ON MISSOURI FARMS TO PREVENT WATER POLLUTION; WATERSHED PLANNING AND OUTREACH EFFORTS TO EDUCATE THE PUBLIC ABOUT POINT AND NON-POINT SOURCES OF POLLUTION INTO URBAN WATERSHEDS; EDUCATING THE PUBLIC ABOUT POLICIES AFFECTING FOOD SUPPLY AND FOOD QUALITY, INCLUDING AS THEY RELATE TO AGRICULTURAL RUNOFF; COLLABORATING WITH PARTNERS IN THE UPPER MISSISSIPPI RIVER BASIN TO PROMOTE SUSTAINABLE USES FOR THE RIVER; PARTICIPATING ON THE MISSOURI RIVER RESTORATION IMPLEMENTATION COMMITTEE TO STEER DECISIONS ABOUT RIVER RESTORATION EFFORTS; MONITOR AND EDUCATE THE PUBLIC ABOUT THE THREATS TO OUR FLOODPLAINS AND WETLANDS, AND ADVOCATE FOR PRESERVATION OF THESE ENVIRONMENTALLY SIGNIFICANT AREAS; PROMOTING THE PRESERVATION AND SOUND MANAGEMENT OF THE OZARK NATIONAL SCENIC RIVERWAYS AND ITS OUTSTANDING RESOURCE WATERS, THE CURRENT AND JACKS FORK RIVERS BY RESEARCHING AND DOCUMENTING CONDITIONS AT THE RIVERWAYS AND ENGAGING MEMBERS IN THE DEVELOPMENT, ADOPTION, AND ENFORCEMENT OF THE PARK'S GENERAL MANAGEMENT PLAN; ADVOCATING FOR THE PROTECTION OF THE ST. JOHN'S BAYOU/NEW MADRID FLOOD WAY AND AGAINST RIVER MANAGEMENT TECHNIQUES TO SEPERATE THE MISSISSIPPI RIVER FROM ITS FLOOD PLAIN IN MISSOURI.

Name of the organization **MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION**Employer identification number  
**23-7167066****Form 990, Part III, Line 4d - Other Program Services Description**

FOOD AND FARM-COMPILING AND SHARING PUBLICLY AVAILABLE DATA ON THE STATE OF OUR AGRICULTURAL RESOURCES IN THE ST. LOUIS METROPOLITAN AREA, INCLUDING WHAT WE GROW AND WHAT WE EAT, ALONG WITH DATA ON OBESITY AND DIABETES RATES FOR THE SAME POPULATION; CONNECTING THE ISSUES WITH OUR FOOD SYSTEM TO PROBLEMS IN HUMAN AND ENVIRONMENTAL HEALTH; AND SUPPORTING EFFORTS TO PROMOTE LOCAL AND ORGANIC FOOD PRODUCTION.

OTHER- LOBBYING- MOBILIZING MEMBERSHIP TO PARTICIPATE IN CONSERVATION LOBBY DAYS DESIGNED TO IDENTIFY LEGISLATIVE ISSUES OF PRIORITY TO THE ENVIRONMENTAL COMMUNITY IN MISSOURI AND INFORM LEGISLATORS ON THOSE ISSUES; PROVIDING TESTIMONY IN SUPPORT OF ENVIRONMENTALLY SOUND PROPOSALS AND IN OPPOSITION TO ENVIRONMENTALLY HARMFUL PROPOSALS.

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

THE ORGANIZATION IS OPEN FOR ANYONE TO JOIN AS A MEMBER.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

THE MEMBERS GOVERN THE ACTIONS BY ELECTING THE BOARD OF DIRECTORS.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED TO THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS FOR REVIEW AND SIGNATURE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

THE BOARD REVIEWS THE POLICY ON AN ANNUAL BASIS AND DISCLOSES ANY CONFLICTS.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL PROVIDE ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS TO ANY INDIVIDUAL OR ORGANIZATION UPON REQUEST.

Name of the organization	MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION	Employer identification number
		23-7167066

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available (continued)**

THE ORGANIZATION'S TAX RETURN CAN ALSO BE OBTAINED THROUGH THEIR WEBSITE OR  
WWW.GUIDESTAR.COM.

THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**2012****Schedule A, Part IV - Supplemental Information****Page 5****Client 7066****MISSOURI COALITION FOR THE ENVIRONMENT  
FOUNDATION****23-7167066**

5/09/14

02.18PM

**Part II, Line 10 - Other Income**

<u>Nature and Source</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 8,978.</u>	<u>\$ 3,679.</u>

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)



**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only



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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions  MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION	Employer identification number (EIN) or  23-7167066
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions  3115 SOUTH GRAND BLVD. #650	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  ST. LOUIS, MO 63118	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990 EZ	01	Form 990 T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990 T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► HEATHER B. NAVARRO

FAX No ►

Telephone No ► 314-727-0600 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)        If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.



1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above

The extension is for the organization's return for

- calendar year 20 or
- tax year beginning 7/01, 20 12, and ending 6/30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the extended due date for filing your return. See instructions</small>	Name of exempt organization or other filer, see instructions  <b>MISSOURI COALITION FOR THE ENVIRONMENT FOUNDATION</b>	Employer identification number (EIN) or  <b>23-7167066</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>Voellinger, Simpson, Dolan &amp; Assoc. P.C. 4010 N. Illinois St., Ste 3</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>Belleville, IL 62226</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► HEATHER B. NAVARRO -----  
Telephone No ► 314-727-0600 ----- FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 5/15, 20 14
- For calendar year     , or other tax year beginning 7/01, 20 12, and ending 6/30, 20 13
- If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension THE COALITION NEEDS ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <u></u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	b \$ <u></u>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	c \$ <u></u>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► John C. Army Title ► CA Date ► 2/10/2014  
 BAA Form 8868 (Rev 1-2013)