Form <b>990</b>
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## \*\* PUBLIC DISCLOSURE COPY \*\*

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. or tax year beginning TITI. 1 2021 and ending TIIN 30 2022

AF	For th	e 2021 calendar year, or tax year beginning UL 1, 2021 and e	ending JT	JN 30, 2022					
Ba	Check if Ipplicab	C Name of organization		D Employer identific	cation number				
	Addre	conservation minnesota							
			41-2017329						
	Initial returr		E Telephone number						
	 Final returr		50	612-767-2444					
	termi ated			<b>G</b> Gross receipts \$	2,749,049.				
	Amer returr	ded MINNEAPOLIS, MN 55415		H(a) Is this a group re	turn				
	Appli tion	F Name and address of principal officer: KATHERINE TEIKEN		for subordinates					
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: 🕱 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) o	or 🗌 527	lf "No," attach a	list. See instructions				
<u>ا ا</u>	Nebsi	te: > WWW.CONSERVATIONMINNESOTA.ORG		H(c) Group exemption	n number 🕨				
		f organization: 🕱 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of	of formation: 2002 N	State of legal domicile: MN				
Pa	art I	Summary							
đ	1	Briefly describe the organization's mission or most significant activities:		NNESOTA'S MISSION	1				
Governance		IS TO TURN OUR SHARED CONSERVATION VALUES INTO STATE PRIORITI	IES AND						
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		16					
ي 2	4	Number of independent voting members of the governing body (Part VI, line 1b)			16				
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		19					
ÌŤ	6	Total number of volunteers (estimate if necessary)		6	21				
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Vet unrelated business taxable income from Form 990-T, Part I, line 11						
				Prior Year	Current Year				
¢	8	Contributions and grants (Part VIII, line 1h)	2,363,132.	2,739,310.					
Revenue	9	Program service revenue (Part VIII, line 2g)		720.	4,760.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,481.	1,324.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,107.	3,655.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,368,440.	2,749,049.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		105,000.	21,500.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	٥.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,002,544.	1,489,087.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		٥.	11,454.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 240,8	364.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		638,824.	1,525,531.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,746,368.	3,047,572.				
	19	Revenue less expenses. Subtract line 18 from line 12		622,072.	-298,523.				
Jo Sol			Be	ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		1,572,387.	1,369,049.				
As	21	Total liabilities (Part X, line 26)		153,040.	248,225.				
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		1,419,347.	1,120,824.				
Pa	art II	Signature Block							
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is				

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

Sign	Signature o	f officer		Date							
Here		NE TEIKEN, PRESIDENT									
	I ype or prir	nt name and title									
	Print/Type prepar	er's name	Preparer's signature	Date	Check	PTIN					
Paid	ASHLEY REHN,	CPA	04/18/23	self-employed	P00965922						
Preparer	Firm's name	REDPATH AND COMPANY, LLC			Firm's EIN 🕨 9	2-0370318					
Use Only	Firm's address	4810 WHITE BEAR PARKWAY									
		Phone no.(651)4	e no.(651)426-7000								
May the I	RS discuss this re	eturn with the preparer shown abo	ve? See instructions			X Yes	No				
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OMB No. 1545-0047

**Open to Public** 

. Inspection

	990 (2021) CONSERVATION MINNESOTA	41-2017329	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	CONSERVATION MINNESOTA'S MISSION IS TO TURN OUR SHARED CONSERVATION		
	VALUES INTO STATE PRIORITIES AND PROVIDE YOU WITH THE INFORMATION YOU		
	NEED TO MAKE DECISIONS FOR YOUR FAMILY, COMMUNITY AND FUTURE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	
3		∟	
	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 more services $501(x)(x)$ and $501(x)(x)$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expe	nses, and
	revenue, if any, for each program service reported.		4 760 1
4a	· · · · · · · · · · · · · · · · · · ·	\$	4,760.)
	PUBLIC ENGAGEMENT:		
	CONSERVATION MINNESOTA IS GUIDED BY THE PRIORITIES OF MINNESOTANS AND		
	ENGAGES ITS STATEWIDE NETWORK OF OVER 70,000 INDIVIDUALS AND LOCAL		
	LEADERS WITH MEANINGFUL OPPORTUNITIES TO HELP SOLVE THE CONSERVATION		
	ISSUES THAT THEY TELL US ARE MOST IMPORTANT.		
4b	(Code:) (Expenses \$128,561including grants of \$0. ) (Revenue	\$	0.)
чо	PUBLIC EDUCATION:	φ	)
	CONSERVATION MINNESOTA PROVIDES CREDIBLE, NON-PARTISAN INFORMATION		
	ABOUT CURRENT AND EMERGING ISSUES THAT AFFECT PUBLIC HEALTH, WATER		
	QUALITY, AND MINNESOTA'S GREAT OUTDOORS SO THAT INDIVIDUAL MINNESOTANS		
	CAN MAKE INFORMED DECISIONS THAT PROTECT OUR HEALTH AND NATURAL		
	RESOURCES.		
	RESOURCES.		
4c	(Code:) (Expenses \$ 81,372. including grants of \$ 0. ) (Revenue	\$	0.)
	PUBLIC POLICY:		
	CONSERVATION MINNESOTA DEVELOPS AND ADVOCATES FOR PUBLIC POLICIES THAT		
	ENSURE OUR CHERISHED MINNESOTA LAKES, LANDS AND WAY OF LIFE ARE		
	PROTECTED FOR THE BENEFIT OF CURRENT AND FUTURE GENERATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,285,511.		

Form	aan	(2021)
	990	(2021)

CONSERVATION MINNESOTA

	t IV Checklist of Required Schedules		F	aye •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	No
•		1	x	
2	If "Yes," complete Schedule A	2	x	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<u> </u>		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4			x	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	21	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u></u>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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 Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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	<u> </u>		
.0		18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
19		10		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>

Form	990	(2021)
FOIIII	990	(2021)

CONSERVATION MINNESOTA

Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	х					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	<u> </u>				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	<b>28</b> a	──	X				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X				
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV		+	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			<u></u>				
	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, Part II, III, or IV, and		v					
<b>0</b> -	Part V, line 1		X X	├──				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>				
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	x					
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			x				
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36						
37		27		x				
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x					
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	<b>3</b> 8		<u> </u>				
	Check if Schedule O contains a reasonable or note to any line in this Dart V							
	Check in Schedule O contains a response of note to any line in this Part V	<u></u>	Yes	No				
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	14	162					
		0						
u	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	<u> </u>						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Page 4

Form	990 (2021) CONSERVATION MINNESOTA 41-201732	9	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			U
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g k	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990 (2021) CONSERVATION MINNESOTA		41-2017	329	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough	7b below, and for	- a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	:	16		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other	-		
-	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the			-		
U	of officers, directors, trustees, or key employees to a management company or other person?		supervision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	Q0 wa	s filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the exception have members or stackholders?			6		x
	Did the organization have members or stockholders, or other persons who had the power to elect or ap					
7a				7-		x
	more members of the governing body?			7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					x
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
a	The governing body?			<u>8a</u>	X	x
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, amiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		a filing the form 0	. <u>10b</u>	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y belor	e ming the form?	11a	A	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "	,		100	x	
40	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?				X X	
14	Did the organization have a written document retention and destruction policy?			14	A	
15	Did the process for determining compensation of the following persons include a review and approva	n y n	Lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v	
a	The organization's CEO, Executive Director, or top management official			·	X X	<u> </u>
b	Other officers or key employees of the organization			15b	A	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					v
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
600	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MN		T (22 21 - 2011)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1a 990	- 1 (section 501(c)(	୬)s only)	availa	DIE
	for public inspection. Indicate how you made these available. Check all that apply.					
	X     Own website     Another's website     X     Upon request     Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, a	nd finan	cial	
•-	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	THE ORGANIZATION - 612-767-2444					
	1101 WEST RIVER PARKWAY, 250, MINNEAPOLIS, MN 55415					

Form 990 (2		41-2017329	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	ghest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employe	es	
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar ye	ear ending with or within the organization'	's tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of compens	sation.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per weak updates         Description and elated organization bitward at attractivities bitward attractivititit bitward attractivities bitward attractivities bitwar	(A)	(B)				C)			(D)	(E)	(F)
hours per veck, interpretent is bein an intermal differential differentia	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (bit ary related organizations below line)         Week (bit ary related organizations (W2/1099-MEC)         Intrinstance organizations (W2/1099-MEC)         Compensation from the organizations (W2/1099-MEC)         Compensation from the organizations (W2/1099-MEC)           (1) FAUL AUSTIN         28,001         X         131,080.         14,564.         27,032.           (2) ANA VARG         1.00         X         131,080.         14,564.         27,032.           (2) ANA VARG         1.00         X         0.0         0.0         0.0           (3) CHARLENE BROCKS SIMONSON         1.00         X         0.0         0.0         0.0           (4) DAN AVGIEN         1.00         X         0.0         0.0         0.0         0.0           (5) GENE MERTIAM         1.00         X         0.0         0.0         0.0         0.0           (6) STA VITALI         1.00         X         0.0         0.0         0.0         0.0           (10) JERETOR         1.00         X         0.0         0.0         0.0         0.0           (16) STA VITALI         1.00         X         0.0         0.0         0.0         0.0           (17) JEFF BLOOGETF         1.00         X         0.0         0.0         0.0		hours per	box	box, unless person is both an		compensation	compensation	amount of			
I)         PAUL AUSTIN         28.00         X         131,080.         14,564.         27,032.           (2)         ANA VANG         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (3)         CHARLENE BROKS SIMONSON         1.00         X         0.		week		cer an I	id a d	irecto	r/trus <sup>.</sup>	tee)	from	from related	other
I)         PAUL AUSTIN         28.00         X         131,080.         14,564.         27,032.           (2)         ANA VANG         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (3)         CHARLENE BROKS SIMONSON         1.00         X         0.			ector							J.	•
I)         PAUL AUSTIN         28.00         X         131,080.         14,564.         27,032.           (2)         ANA VANG         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (3)         CHARLENE BROKS SIMONSON         1.00         X         0.			or dir	e			ated		J J		
I)         PAUL AUSTIN         28.00         X         131,080.         14,564.         27,032.           (2)         ANA VANG         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (3)         CHARLENE BROKS SIMONSON         1.00         X         0.			ustee	trust		e	bens			1099-NEC)	
I)         PAUL AUSTIN         28.00         X         131,080.         14,564.         27,032.           (2)         ANA VANG         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (3)         CHARLENE BROKS SIMONSON         1.00         X         0.		l °	ual tr	tional		voldu	t con	~	1099-NEC)		
I)         PAUL AUSTIN         28.00         X         131,080.         14,564.         27,032.           (2)         ANA VANG         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (3)         CHARLENE BROKS SIMONSON         1.00         X         0.			ndivid	nstituf	Officer	(ey en	Highes	ormei			organizations
(2) ANA VANG         1.00         x         0	(1) PAUL AUSTIN	28.00				-		4			
DIRECTOR         0.00         X         0         0.00         0.00           (3) CHARLENE BROKS SIMONSON         1.00         1.00         0.0	EXECUTIVE DIRECTOR	5.00			х				131,080.	14,564.	27,032.
(3) CHARLENE BROOKS SIMONSON         1.00         x         0         0         0           DIRECTOR         1.00         x         0.         0.         0.         0.           (4) DAN AVCHEN         1.00         x         0.00         x         0.0.         0.         0.           DIRECTOR         0.00         x         0.0.         0.         0.         0.         0.           GINECTOR         0.00         x         0.         0.         0.         0.         0.           DIRECTOR         0.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0. <td>(2) ANA VANG</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) ANA VANG	1.00									
DIRECTOR         1.00         x         0.         0.         0.           (4) DAN AVCHEN         1.00         x         0.00         0.00         x         0.00         0.00         x         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00	DIRECTOR	0.00	Х						٥.	0.	0.
(4) DAN AVCHEN         1.00         x         0.00         x         0.00         0.00         x         0.00         0.00         x         0.00         0.00         x         0.00         0.00         x         0.00         0.00         0.00         0.00         0.00         0.00         x         0.00 <t< td=""><td>(3) CHARLENE BROOKS SIMONSON</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(3) CHARLENE BROOKS SIMONSON	1.00									
DIRECTOR         0.00         x         0.         0.         0.         0.           (5) GENE MERRIAM         1.00         0.00         x         0.         0.         0.         0.           DIRECTOR         0.00         x         0.         0.         0.         0.         0.           DIRECTOR         0.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           G(8) JENNA DAHLBERG         1.00         x         x         0.	DIRECTOR	1.00	Х						0.	Ο.	0.
(5)         GENE MERRIAM         1.00         x         0.	(4) DAN AVCHEN	1.00									
DIRECTOR         0.00         X         0.		0.00	Х						٥.	0.	0.
(6) GIA VITALI       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         (7) JEFF BLODGETT       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       x       0.       0.       0.       0.         (8) JENNA DAHLBERG       1.00       x       x       0.       0.       0.       0.         (9) JENNIFER EDWARDS       1.00       x       x       0.       0.       0.       0.         DIRECTOR       0.00       x       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.<	(5) GENE MERRIAM										
DIRECTOR         1.00         X         0         0.         0.         0.           (7) JEFF BLODGETT         1.00         X         0         0.         0.         0.           DIRECTOR         1.00         X         0         0.         0.         0.           (8) JENNA DAHLBERG         1.00         X         0         0.         0.         0.           TREASURER         0.00         X         X         0.         0.         0.           DIRECTOR         0.00         X         X         0.         0.         0.           DIRECTOR         0.00         X         X         0.         0.         0.           DIRECTOR         0.00         X         X         0.         0.         0.           (10) JOHN CURRY         1.00         X         X         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           (11) KATHERINE TEIKEN         1.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х						0.	0.	0.
(7) JEFF BLODGETT       1.00       x       0       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         (8) JENNA DALLBERG       1.00       x       0.00       x       0.0.       0.         TREASURER       0.00       x       x       0.0       0.       0.         DIRECTOR       0.00       x       x       0.       0.       0.         DIRECTOR       0.00       x       0.       0.       0.       0.         (10) JOHN CURRY       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         (11) KATHERINE TEIKEN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       0.00       x       0.       0.       0.       0.       0.       0.         (12) LUCY ROGERS       1.00       x       x       0.       0.       0.       0.       0.       0.         (14) MICHELLE HORAN       1.00       x       x       0.       0.       0.       0.       0.	(6) GIA VITALI										
DIRECTOR         1.00         X         0         0.         0.         0.           (8) JENNA DAHLBERG         1.00         X         X         0.         0.         0.         0.           TREASURER         0.00         X         X         0.         0.         0.         0.           (9) JENNIFER EDWARDS         1.00         X         X         0.         0.         0.         0.           DIRECTOR         0.00         X         X         0.         0.         0.         0.           (10) JOHN CURRY         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.	DIRECTOR	1.00	Х						0.	0.	0.
(8) JENNA DAHLBERG         1.00         x         x         0.         0.         0.           TREASURER         0.00         x         x         x         0.         0.         0.           (9) JENNIFER EDWARDS         1.00         x         x         0.         0.         0.         0.           DIRECTOR         0.00         x         x         0.         0.         0.         0.           (10) JOHN CURRY         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           (11) KATHERINE TEIKEN         1.00         x         0.         0.         0.         0.           DIRECTOR         0.000 x         x         0.         0.         0.         0.         0.           (12) LUCY ROGERS         1.00         x         0.         0.         0.         0.         0.         0.           (13) MATTHEW LEWIS         1.00         x         x         0.         0.         0.         0.         0.           VP         0.000 x         x         x         0.         0.	(7) JEFF BLODGETT										
TREASURER         0.00         x         x         x         0.         0.         0.           (9) JENNIFER EDWARDS         1.00         x         0.00         x         0.         0.         0.           DIRECTOR         0.00         x         0.         0.         0.         0.           (10) JOHN CURRY         1.00         x         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.           (11) KATHERINE TEIKEN         1.00         x         0.         0.         0.         0.           DIRECTOR         0.00         x         0.         0.         0.         0.         0.           (12) LUCY ROGERS         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         x         0.         0.         0.         0.           (13) MATTHEW LEWIS         1.00         x         x         0.         0.         0.           VP         0.00         x         x         0.         0.         0.         0.           (14) MICHELLE HORAN <td< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	DIRECTOR		Х						0.	0.	0.
(9) JENNIFER EDWARDS       1.00       x       0       0.       0.       0.         DIRECTOR       0.00       x       0       0.       0.       0.         (10) JOHN CURRY       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         (11) KATHERINE TEIKEN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       0.00       x       0.00       x       0.       0.       0.       0.         (12) LUCY ROGERS       1.00       x       0.	(8) JENNA DAHLBERG	1.00									
DIRECTOR         0.00         x         x         0         0.00	TREASURER	0.00	Х		Х				0.	0.	0.
(10) JOHN CURRY         1.00         X         0         0.00											
DIRECTOR         1.00         X         0         0.         <	DIRECTOR	0.00	Х						0.	0.	0.
(11) KATHERINE TEIKEN       1.00       x       0       0.00	(10) JOHN CURRY	1.00									
DIRECTOR         0.00         x         0.00         x         0.00         0	DIRECTOR	1.00	Х						0.	0.	0.
(12) LUCY ROGERS         1.00         x         0         0.	(11) KATHERINE TEIKEN	1.00									
DIRECTOR         1.00         X         0         0.         <	DIRECTOR	0.00	Х						0.	0.	0.
(13) MATTHEW LEWIS       1.00       x       x       0.       0	(12) LUCY ROGERS	1.00									
PRESIDENT         0.00         X         X         0.	DIRECTOR	1.00	Х						0.	0.	0.
(14) MICHELLE HORAN       1.00       X       X       0.       0.       0.         VP       0.00       X       X       0.       0.       0.       0.         (15) RODNEY OVERCASH       1.00       1.00       X       0.       0.       0.       0.         DIRECTOR       0.000       X       0.       0.       0.       0.       0.         (16) SARAH STEVENS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       0.000       X       0       0.       0.       0.       0.         DIRECTOR       0.000       X       0       0.       0.       0.       0.         DIRECTOR       0.000       X       0       0.       0.       0.       0.	(13) MATTHEW LEWIS										
VP         0.00         X         X         0.00 <td>PRESIDENT</td> <td>0.00</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>٥.</td> <td>0.</td> <td>0.</td>	PRESIDENT	0.00	Х		Х				٥.	0.	0.
(15) RODNEY OVERCASH       1.00       0       0.00       0.	(14) MICHELLE HORAN	1.00									
DIRECTOR         0.00         X         0         0.         <	VP	0.00	Х		х				٥.	0.	0.
(16) SARAH STEVENS       1.00       0	(15) RODNEY OVERCASH	1.00									
DIRECTOR         0.00         x         0.	DIRECTOR	0.00	Х						0.	0.	0.
(17) TOM HORNER         1.00         0.00	(16) SARAH STEVENS										
DIRECTOR 0.00 X 0. 0. 0.	DIRECTOR	0.00	Х						0.	0.	0.
	(17) TOM HORNER										
	DIRECTOR	0.00	Х						0.	0.	

Form 990 (2021) CONSERVATIO	N MINNESOTA								41-20	17329	Э	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	compensated Employee	s (continued)				
<b>(A)</b> Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck	C) itior more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	ie tion ted
		-											
		-											
1b Subtotal								131,080.	14,	564.		27,	032.
c Total from continuation sheets to Part								0.	14	0. 564.		27	0.032.
d Total (add lines 1b and 1c)         2 Total number of individuals (including but							o re	,	,			_ ,	
compensation from the organization												Vee	1
<b>3</b> Did the organization list any <b>former</b> office	er director trust	مم ا		مسح	love	e or	hio	nhest compensated emp	lovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for						'	0		,		3		х
4 For any individual listed on line 1a, is the	sum of reportab	le co	ompe	ensa	tion	and	oth	her compensation from t	he organization		4	X	
<ul><li>and related organizations greater than \$1</li><li>Did any person listed on line 1a receive o</li></ul>											4	Λ	
rendered to the organization? If "Yes," co											5		x
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	pensat	ion fro	om	
the organization. Report compensation for (A)	r the calendar y	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax y (B)	ear.		(0	<u> </u>	
Name and busine	ss address							Description of s	ervices	C		nsatio	n
AGG MARKETING LLC 4680 STODDART LANE, ST. PAUL, MN 55	127							FISCAL AGENCY CONS	ULTANT			124,	770.
										<b></b>			
2 Total number of independent contractors \$100,000 of compensation from the orga		ot lir	niteo	d to		se lis 1	ted	above) who received mo	ore than				

	t VII	Statement of Re	ven	ue						
		Check if Schedule O	<u>con</u> ta	<u>ains a re</u> spoi	<u>nse</u> c	<u>r note to a</u> ny line	in this Part VIII	<u></u>	<u></u>	<u></u>
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excl from tax un sections 512
'n	1 a	Federated campaigns		1a						
I		Membership dues								
Ē		Fundraising events								
Program Servic Revenue		Related organizations				600,000.				
		Government grants (contr								
		All other contributions, gifts,								
		similar amounts not included				2,139,310.				
	g	Noncash contributions included in	lines 1	la-1f <b>1g</b> \$		170,777.				
am	h	Total. Add lines 1a-1f					2,739,310.			
						Business Code				
	2 a	FEE FOR SERVICES				541900	4,760.	4,760.		
1	b									
nu	с									
eve	d									
	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►	4,760.			
	3	Investment income (inclue	ding	dividends, ir	nteres	st, and				
		other similar amounts) $\dots$				►	1,324.			1,
	4	Income from investment of	of tax	exempt bor	nd pr	oceeds 🕨 🕨				
	5	Royalties	· · <u>· · · · · · · ·</u>			►				
				(i) Real		(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses $\dots$	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	)							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
7	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)				·				
		Net gain or (loss)				►				
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on								
	-	Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from			ts	▶				
	9 а	Gross income from gamin	-							
	•	Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			,	₽				
	iu a	Gross sales of inventory,			10-					
	L.	and allowances			10a 10b					
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from	sales	s or inventor	у	Business Code				
	44 -				ŀ	Susiness Code				
an	11 a									
Revenue	b									
Ð	C d	All other revenue				900099	3,655.			3,
		All other revenue					3,655.			J,
1	е	Total. Add lines 11a-11d				🕨 📔	5,055.			

CONSERVATION MINNESOTA

41 - 2017329Page 10

Do n	not include amounts reported on lines 6b,	(A)	his Part IX	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	18,500.	18,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,000.	3,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	158,871.	61,960.	76,258.	20,65
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,115,727.	790,120.	200,753.	124,85
8	Pension plan accruals and contributions (include	, ,	,	,	,
0	section 401(k) and 403(b) employer contributions)	48,533.	33,375.	9,489.	5,66
9	Other employee benefits	72,113.	,	72,113.	-,
9 10		93,843.	64,450.	18,201.	11,19
	Payroll taxes	55,015.	01,100.		
11	( <b>1 )</b> ,	1,955.			1,95
	Management	7,419.	1,042.	6,377.	1,55
		46,261.	2,229.	44,032.	
	Accounting	,	,	44,032.	
	Lobbying	7,652.	7,652.		11,45
	Professional fundraising services. See Part IV, line 17	11,454.			11,45
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 024 150	002 100	46 076	4 07
	column (A), amount, list line 11g expenses on Sch 0.)	1,034,158.	983,109.	46,076.	4,97
12	Advertising and promotion	70,362.	68,902.	1,460.	
13	Office expenses	195,640.	125,226.	15,247.	55,16
14	Information technology	30,995.	16,133.	14,862.	
15	Royalties				
16	Occupancy	26,816.	17,286.	6,427.	3,10
17	Travel	4,276.	2,614.	1,654.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,829.	3,434.	395.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,347.	6,919.	2,247.	1,18
23	Insurance	5,738.	3,836.	1,247.	65
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DIGITAL COMMUNICATIONS	64,405.	64,177.	228.	
b	PROGRAM SUPPLIES	9,779.	9,304.	475.	
c		,	,		
d					
	All other expenses	5,899.	2,243.	3,656.	
е 25	Total functional expenses. Add lines 1 through 24e	3,047,572.	2,285,511.	521,197.	240,86
26 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		2,200,011.		240,00

Form 990 (2	2021)
Part X	Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			898,117.	1	861,078.
	2	Savings and temporary cash investments			120,534.	2	0.
	3	Pledges and grants receivable, net	450,000.	3	(B) End of year 861,078. 0. 101,000. 0. 361,283. 361,283. 31,045. 31,045. 248,225. 248,225. 248,225. 270,779. 850,045.		
	4	Accounts receivable, net			38,160.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns	0.	5	361,283.
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
6 8 8 9 9 10 10 11		under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net		7			
set	8	Inventories for sale or use				8	
As	9	<b>—</b> ··· · · · · · ·			24,184.	9	14,643.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	60,897.			
	b	Less: accumulated depreciation		29,852.	41,392.	10c	31,045.
		Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
		Intangible assets				14	
		Other assets. See Part IV, line 11		15			
		Total assets. Add lines 1 through 15 (must equ			1,572,387.	16	1,369,049.
		Accounts payable and accrued expenses			153,040.	17	
		Grants payable			,	18	,
		Deferred revenue				19	
		Tax-exempt bond liabilities				20	
		Escrow or custodial account liability. Complete				21	
		Loans and other payables to any current or forn					
1 2 2		trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela	-			23	
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Unsecured notes and loans payable to unrelated		Γ		24	
		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	,	· /		25	
Tiabilities 10 11 12 13 14 15 16 17 18 19 20 21 23 24 25 26 26	26	Total liabilities. Add lines 17 through 25			153,040.	26	248,225.
		Organizations that follow FASB ASC 958, che	ck here	X	,		,
es		and complete lines 27, 28, 32, and 33.					
anc	27				1,419,347.	27	270,779.
16         11           18         13           17         18           18         19           20         21           25         26           26         23           27         23           28         25           20         21           26         26           27         28           28         26           29         30           31         35	Net assets with donor restrictions				28	850,045.	
		Organizations that do not follow FASB ASC 9					,
Ъ		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Assets o	31	Retained earnings, endowment, accumulated in				31	
let /	32	Total net assets or fund balances			1,419,347.	32	1,120,824.
z	33	Total liabilities and net assets/fund balances			1,572,387.	33	1,369,049.

Form **990** (2021)

Form	1990 (2021) CONSERVATION MINNESOTA	41-201732	)	Pa	<sub>ae</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	749,	049.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	047,	572.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	298,	523.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	419,	347.
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 on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	120,	824.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Inspection

Name of the	organization
-------------	--------------

Name of	the organization						Employer	identification number			
		VATION MINNESOT						41-2017329			
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)						
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ı 990).)							
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for		lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
•	section 170(b)(1)(A)(iv). (C					<i>,</i> ,					
6 🛄	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7 X	An organization that norma section 170(b)(1)(A)(vi). (C		ntial part of its support fr	om a gove	ernmental	unit or from th	ie general j	oublic described in			
8	A community trust describe		1)(A)(vi) (Complete Par	· II )							
9	An agricultural research org			-	nd in coniu	notion with a	land grant	collogo			
9					-		-	•			
	or university or a non-land-c university:	frant college of agric			lame, city	, and state of	the college	: 01			
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from			
	activities related to its exem										
	income and unrelated busir							-			
	See section 509(a)(2). (Con		(								
11	An organization organized a	. ,	velv to test for public sat	etv. See	section 50	)9(a)(4).					
12	An organization organized a						rrv out the	nurnoses of one or			
	more publicly supported or	-	-	-			•				
	lines 12a through 12d that										
a	<b>Type I.</b> A supporting orga			-			-	aivina			
u	the supported organization		-	• • • •	-						
	organization. You must o			majonty 0				ipporting			
ь <u>Г</u>	¬ <sup>-</sup>			ion with it	oupporto	dorgonizatio	n(n) hy hay	up a			
b 🗋	<b>Type II.</b> A supporting org	-				-		•			
	control or management o			arrie persoi	ns that co	ntroi or manaç	je trie supp	Jonea			
• [	organization(s). You mus	-		in connect	ion with a	and functional	lu intograto	d with			
с	J Type III functionally inte						ly integrate	ed with,			
a [	its supported organization		-				tod organi	ration(a)			
d	J Type III non-functionally						-				
	that is not functionally int	•	<b>c</b> ,	•		•	an attentiv	/eness			
	requirement (see instructi	,	•								
e	Check this box if the orga					Type I, Type I	II, Type III				
	functionally integrated, or	••	hally integrated supporting	ng organiza	ation.						
	er the number of supported o	•									
	vide the following information i) Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
	organization	(,	(described on lines 1-10	in your governi		support (see in	,	support (see instructions)			
			above (see instructions))	Yes	No		,				
Total											

CONSERVATION MINNESOTA

41-2017329

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,239,200. 2,081,201 1,620,324 2,363,132. 2,739,310. 10,043,167. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1,239,200, 2,081,201, 1,620,324, 2,363,132. 2,739,310, 10,043,167. 4 Total. Add lines 1 through 3 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) 3,746,547. 6,296,620. 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(e) 2</u>021 <u>(b)</u>2018 Calendar year (or fiscal year beginning in) (a) 2017 (c) 2019 (d) 2020 (f) Total 1,239,200. 2,081,201, 1,620,324. 2,363,132. 2,739,310, 10,043,167. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,324 1,559 4,415. 3,392. 1,481. 12,171. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3,655. 3,655 10,058,993. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 24,825. 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 62.60 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 67.57 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 CONSERVATION MINNESOTA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2021 (		T	column (f))		15	%
	Public support percentage from 2020		-			16	%
	ction D. Computation of Invest						,.
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					· · · ·	
	more than 33 1/3%, check this box as <b>33 1/3% support tests - 2020.</b> If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	<u> </u>		, . = .	,			

1

2

Yes

No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	t IV Supporting Organizations (continued)		Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?		163	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
C	tion B. Type I Supporting Organizations			
			Yes	N
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
C	tion C. Type II Supporting Organizations			
			Yes	N
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported ergenization(a)	1		

# the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

Sche	edule A (Form 990) 2021 CONSERVATION MINNESOTA			41-2017329 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 ( <i>explain il</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrate	d Type III supporting or	ganization (see
	instructions)			

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 CONSERVATION MINNES	OTA		41 - 2017329	Page 7	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions		• • •	Current \	/ear	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s :	3		
4	Amounts paid to acquire exempt-use assets		4	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	ų	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8	3		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	10			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributa Amount foi		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
	From 2016					
b	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u>    i</u>	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount Remainder, Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

e Excess from 2021

Schedule A (Form 990) 2021 CONSERVATION MINNESOTA	41-2017329	Page <b>8</b>
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a cPart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, linesline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; PartSection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition(See instructions.)	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C.
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2021 AMOUNT: \$ 3,655.		

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

44 004 7000	
41-2017329	,

CONSERVATION	MINNESOTA

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page <b>2</b>
Name of or	rganization		Emplo	yer identification number
CONSERVA	TION MINNESOTA		4	1-2017329
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
1		\$600	<u>,000.</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
2		\$535	,154.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
3		\$350	<u>,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
4		\$200	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
5		\$143	<u>,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
6			,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page
Name of o	rganization		Employer identification number
CONSERVA	TION MINNESOTA		41-2017329
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$110	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$100	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
9		\$90	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ions Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ions Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of o	rganization	Employer identification number		
CONSERVA	TION MINNESOTA		41-	-2017329
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	I.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
	PUBLICLY TRADED SECURITIES			
2		\$150,	235.	06/15/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	o. (b) FMV ( om Description of noncash property given			(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		

Schedule B (Form 990) (2021)

Page 3

Schedule E	B (Form 990) (2021)		Page <b>4</b>
Name of or			Employer identification number
CONSERVA	TION MINNESOTA		41-2017329
Part III		(a) through (e) and the following line en , charitable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transforço'o pomo oddeoco	(e) Transfer of gif	
	Transferee's name, address,	anu <b>zir</b> + 4	Relationship of transferor to transferee

	For Org	anizations Exempt From Income	Tax Under section &	501(c) and section 52	7	
Department of the Treasury	Complete	if the organization is described l	below. 🕨 Attach to	Form 990 or Form 9	90-EZ.	Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the l	latest information.		Inspection
If the organization answ	wered "Yes," on	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Campa	nign Acti	vities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.			
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Part	I-B.	
<ul> <li>Section 527 organization</li> </ul>	ations: Complete	e Part I-A only.				
If the organization answ	wered "Yes," on	n Form 990, Part IV, line 4, or Fori	m 990-EZ, Part VI, lir	ne 47 (Lobbying Activ	ities), th	en
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that h	have filed Form 5768 (election und	er section 501(h)): Co	mplete Part II-A. Do no	ot comple	ete Part II-B.
	5	have NOT filed Form 5768 (electior				
-		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst		Kanas Camalata Dast III				
Name of organization	), or (6) organizat	tions: Complete Part III.			Employa	r identification number
Name of organization	CONCEPTIONT	N. MINNEGODA			∟mpioye	er identification number
Part I-A Comple		ON MINNESOTA	section 501(c) c	or is a section 52	7 organ	41-2017329
			300101 00 1(0) 0		orgai	
1 Provide a description	on of the organiz	ation's direct and indirect political	compaign activition in	n Port IV		
•	° °	ures			<b>•</b> •	
		gn activities				
	political campai					
Part I-B Comple	ete if the org	janization is exempt under	section 501(c)(3	3).		
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		▶\$	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe ir	n Part IV.					
		anization is exempt under			01(c)(3)	
		d by the filing organization for secti			▶\$	
	0 0	ization's funds contributed to othe	0			
					►\$	
	•	. Add lines 1 and 2. Enter here and	,			
		1120-POL for this year?				Yes No
		nployer identification number (EIN)		-		
	0	tion listed, enter the amount paid f omptly and directly delivered to a s	0 0			
		additional space is needed, provide		, 1	Jarate se	gregated fund of a
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid fr filing organization		(e) Amount of political ontributions received and
				funds. If none, ente	r -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
					-+	
			i		+	

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

2021

SCHEDULE C

(Form 990)

	CONSERVATION MIN				017329	Page <b>2</b>
Part II-A Complete if the orga section 501(h)).	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction unde	r
	ion belongs to an affi	liated group (and list in	Part IV each affiliated	aroup member's name	address FIN	
· <u> </u>	e of excess lobbying e	• • •		group momber o name	, uuurooo, En	•,
		nd "limited control" pro	visions apply			
Limit	s on Lobbying Expe			(a) Filing organization's	<b>(b)</b> Affiliated totals	•
(The term expend				totals		
1a Total lobbying expenditures to influe	ence public opinion (	grassroots lobbying)		6,250.		
<b>b</b> Total lobbying expenditures to influence	ence a legislative bod	ly (direct lobbying)		1,402.		
c Total lobbying expenditures (add lin	es 1a and 1b)			7,652.		
d Other exempt purpose expenditures	s			2,289,313.		
e Total exempt purpose expenditures	add lines 1c and 1d	)		2,296,965.		
f Lobbying nontaxable amount. Enter	r the amount from the	e following table in both	n columns.	264,848.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable amo	ount is:			
Not over \$500,000	20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.			
Over \$17,000,000	\$1,000,	000.				
g Grassroots nontaxable amount (ent	er 25% of line 1f)			66,212.		
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.		
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.		
j If there is an amount other than zer	o on either line 1h or l	line 1i, did the organiza	tion file Form 4720	_		
reporting section 4911 tax for this y	vear?				Yes	No
		eraging Period Under	• •			
(Some organizations th		01(h) election do not l ate instructions for lin		f the five columns be	elow.	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		1	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d</b> ) 2021	<b>(e)</b> Tota	al
2a Lobbying nontaxable amount	241,037.	230,610.	199,777.	264,848.	93	6,272.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,40	4,408.
<b>c</b> Total lobbying expenditures	143,102.	45,954.	28,653.	7,652.	22	5,361.
d Grassroots nontaxable amount	60,259.	57,653.	49,944.	66,212.	23	4,068.
e Grassroots ceiling amount (150% of line 2d, column (e))					35	1,102.
f Grassroots lobbying expenditures	79,070.	33,765.	4,609.	6,250.	12	3,694.

Schedule C (Form 990) 2021

# 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 e	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount	
1 a	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: Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	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					
	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion		
	501(c)(6).					
				Yes	No	
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 campaign activity expenditures from the	e prior year?		tion		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
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).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical				
	expenditure next year?					
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information					
Drovi	de the descriptions required for Part I.A. line 1: Part I.B. line 1: Part I.C. line 5: Part II.A (affiliated group	lict). Dort II.A	lines 1 a	nd 2 (Soo		

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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
<b>Ζυζ Ι</b>
Open to Public
Inspection

Nam	of the organization CONSERVATION MINNESOTA			41-2017329
Par		d Funds or Othe	er Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin			
			dvised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 0 1 0 1 4		
2	Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		to hold in donor advir	l
5	-	-		
6	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o	-	-	-
		,	, , ,	
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	nanization answered	"Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea	· · ·		of a historically important land area
	Protection of natural habitat			of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	atribution in the form	of a conservation easement on the last
2	day of the tax year.	ied conservation col		Held at the End of the Tax Year
а				
a b	Total acreage restricted by conservation easements			
0	Number of conservation easements on a certified historic stru			
с d	Number of conservation easements included in (c) acquired a			
u		,		
3	listed in the National Register Number of conservation easements modified, transferred, rel			
5	year	eased, extinguished	, or terminated by the	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		pection bandling of	
5	violations, and enforcement of the conservation easements it	-	spection, nandling of	
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ			o, and onloroning con	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conserva	ation easements during the year
•		inig of violations, an	a officienty contourve	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirer	ments of section 170	(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	···· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·		
Par	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, educatio	on, or research in furt	herance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• • •
				<b>N</b> .
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		• • •
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202

Sche		ON MINNESOTA						41-201		P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, or	r Othe	r Simi	lar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignifica	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	he organizatio	n's exe	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations of	of art, his	storical trea	sures, or othe	er similaı	r assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pau		ete if the	e organizatio	on answered "	'Yes" or	Form §	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for o	contribution	s or other ass	sets not	include	d			
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amour	ıt	
с	Beginning balance						. 10	•			
	Additions during the year							1			
е	Distributions during the year						. 10	•			
f	Ending balance						1	f			_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V Endowment Funds.</b> Complete i								_		
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Thr	ee years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
с		%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administer	ed for th	ne orgar	nization		Yes	Na
	by:									Tes	No
	(i) Unrelated organizations								3a(i)		
<b>L</b>	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		wmenti	unus.							
	Complete if the organization answere		) Part IV	/ line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c			t or other				(d) Boo		
	Description of property	basis (investr		• •	(other)		preciati		(u) BOC	r valu	
1a	Land	``	,		. ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				60,897.		2	9,852.		31	045.
	Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	,			'		,	045.
	in a moo ra anoagri ro. (Obiumin ju) must e	guari uni 330. Pall	A. COIUII	шцор, ште Т	<i>vv.j</i>				- /-	,	0004

Schedule D (Form 990) 2021

41-2017329 Page **3** 

Part VII Investments - Other Securities.			Tage C
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	n Form 000 Dart IV line	11d Cap Form 000 Part V line 15	
Complete if the organization answered "Yes" o	Description	The See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)(5)			
(5)			
(6)(7)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \	<b></b>	
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25.	
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			(1) 20011 10.010
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 3	25 )	<b></b>	
- Country Counting (D) must equal FORM 390, Fait A, COI. (B) IIIe	<i>ا</i>	······	

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

Schedule D (Form 990) 2021

X

Sche	dule D (Form 990) 2021 CONSERVATION MINNESOTA		41-2017	329 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	· · · ·	
1	Total revenue, gains, and other support per audited financial statements		1	2,749,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,749,049.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		2,749,049.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	3,047,572.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,047,572.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	8.)	5	3,047,572.
Pa	t XIII Supplemental Information.			

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

PART X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING

TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT

THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING

AUTHORITIES. MANAGEMENT BELIEVES THE ORGANIZATIONS HAVE NO UNCERTAIN

INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT

UNDER THE MORE LIKELY THAN NOT STANDARD.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information.									
C C	TION MINNESOTA						Employer identification number 41-2017329			
Part I General Information on Gr	ants and Assistance									
criteria used to award the grants of	criteria used to award the grants or assistance?									
Part II Grants and Other Assistar recipient that received more	_				anization answered "Y	es" on Form 990, Par	IV, line 21, for any			
<b>1 (a)</b> Name and address of organiza or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501	(c)(3) and government org	anizations listed in the	e line 1 table			•	0.			
3 Enter total number of other organ LHA For Paperwork Reduction Act I										

132101 10-26-21

#### Schedule I (Form 990) 2021 CONSERVATION MINNESOTA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.											

Page 2

41-2017329

SCHEDULE J (Form 990)       Tor certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       Down 1000, Part IV, Ine 23.
Department of the Treatury Internal Revence Service         Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Department of the Transport         Open to Public Inspection         Constructions and the latest information.         Open to Public Inspection           Name of the organization         Constructions and the latest information.         Employer identification number 41-2017329           Part I         Questions Regarding Compensation         Yes         Name of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         Yes         Name of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         Name of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         Name of the organization section and prose-up payments         Heatth or social club dues or initiation fees         Payments for business use of personal residence           Indicate which, if any, of the following 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 provide any person listed on Form 990, Part VII, Section A, line 1a.         1b         Image: Part III.           3         Indicate which, if any, of the following the organization used to establish the compensation or ormated organization to establish the compensation committee         Yes         Image: Pa
Name of the organization       CONSERVATION MINNESOTA       Employer identification number 41-2017329         Part I       Questions Regarding Compensation       Yes       No         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         a       Check the appropriate box(es) if the organization provide any relevant information regarding these items.       Yes       No         a       Check the appropriate box(es) if the organization relevant information regarding the set items.       Yes       No         b       First class or charter travel       Payments for business use of personal residence Health or social club dues or initiation fees       Personal services (such as maid, chaffeur, cheft)         b       If any of the boxes on line 1a are checked, did the organization reduced above? If "No," complete Part III to explain       1b       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2 <th2< th=""></th2<>
CONSERVATION MINNESOTA       41-2017329         Part1       Questions Regarding Compensation         Ia       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Construct the complete Part III to provide any relevant information regarding these items.         Image: Provide or companions       Payments for business use of personal residence or personal residence Imay eld for companions       Payments for business use of personal residence Payments for business use of personal residence or personal residence Imay 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       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the corganization to establish compensation orthe CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation orthector. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Written employment contract         3       Independent compensation consultant       X Compensation survey or study         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a<
Part I       Questions Regarding Compensation         Ia       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Parsonal secolence for personal use       Payments for business use of personal residence for personal residence       Interview of the social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)       Ib       Ib         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       Ib         2       Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       X       Compensation committee       1b       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from an equity-based compensation arrangement?<
1       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Pirst-class or charter travel       Housing allowance or residence for personal use       Payments for business use of personal residence         Tax indemnification and gross-up payments       Health or social club dues or initiation fees       Discretionary spending account       Personal services (such as maid, chauffeur, chef)         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       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from an equity-based compensation arrangement?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a relate
1a       Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990,         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <ul> <li>First-class or charter travel</li> <li>Housing allowance or residence for personal use</li> <li>Payments for business use of personal residence</li> <li>Tax indemnification and gross-up payments</li> <li>Discretionary spending account</li> <li>Personal services (such as maid, chauffeur, chef)</li> </ul> b         If any of the boxes on line 1 a 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 <li>1b</li> 2         Discretionary spending account <ul> <li>Personal services (such as maid, chauffeur, chef)</li> <li>b If any of the boxes on line 1 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</li> </ul> 1b            2         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>X Independent compensation consultant</li> <li>X Compensation committee</li> <li>X Approval by the board or compensation committee</li></ul>
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the compensation committee         3       Indicate which, if any, of the following the organization used to establish the compensation of the comparison of the compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from an equity-based compensation arrangement?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       5a       X         5       Form 990, Flock(2), So1(c)(2) organization smust complete lines 5-9.       5       For persons listed on Form 990, Part VII, Sect
First-class or charter travel       Housing allowance or residence for personal use         Tax indemnification and gross-up payments       Payments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursgement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III.       2         X Compensation committee       Written employment contract       2         X Independent compensation consultant       X Compensation committee       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4 Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         4 Participate in or receive payment f
Travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)         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       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 Participate in or receive payment from an equity-based compensation arrangement?       4b       X         4 Participate in or receive payment from an equity-based complexation must for each item in Part III.       0hy section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <td< th=""></td<>
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         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       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         4 Dorgensation committee       Written employment contract       X         X Independent compensation consultant       X Compensation survey or study       3         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 During the year, did any person and provide the applicable amounts for each item in Part III.       0       X         6 Participate in or rece
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         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       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3 Indicate which, if any of the following the organization used to establish the compensation to establish compensation consultant       X       2         3 Independent compensation consultant       X       Compensation survey or study       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4 Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4 Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6 Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         6 Participate in or receive payment from a supplemental nonqualified retirement?
b       If any of the boxes on line 1 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       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the cEO/Executive Director, regarding the items checked on line 1a?       1b         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract         3       Independent compensation consultant       X       Compensation survey or study         3       Independent compensation consultant       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       Ab </th
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation on the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       4         5       Form 990 of other organization:       4       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       4         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4       4         6       Participate in or receive payment from an equity-based compensation arrangement?       4
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation on the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       4         5       Form 990 of other organization:       4       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       4         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4       4         6       Participate in or receive payment from an equity-based compensation arrangement?       4
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the 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.       2       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         4       Compensation committee       Written employment contract       2       2         5       Form 990 of other organization:       X Approval by the board or compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4b       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         5       For persons listed on Form 990, Part VII, Section A, line
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the 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.       X         X       Compensation committee       Written employment contract         X       Independent compensation consultant       X         X       Form 990 of other organization:       X         Approval by the board or compensation committee       4a       X         4b       X         4c       X         4c       X         4c       X         4c       X         4c       X         4d       X         4d       X         4d       X         4d       X </th
<ul> <li>Indicate which, if any, of the following the 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.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation or one organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> <li>The organization?</li> </ul>
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.       Image: Compensation committee       Image: Written employment contract         X       Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form a supplemental nonqualified retirement plan?       Image: Approval by the participate in or receive payment from an equity-based compensation arrangement?       Image: Approval by the part III.         6       Participate in or receive payment from an equity-based compensation arrangement?       Image: Approval by the part III.         7       If "Yes" to any of lines 4a-c, list the persons and provide the
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         X       Compensation committee       Written employment contract         X       Independent compensation consultant       X         X       Form 990 of other organizations       X         Approval by the board or compensation committee       4a         Participate in or receive payment or change-of-control payment?       4a         Participate in or receive payment from an equity-based compensation arrangement?       4b         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         The organization?       5a       X
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         X       Compensation committee       Written employment contract         X       Independent compensation consultant       X         X       Form 990 of other organizations       X         Approval by the board or compensation committee       4a         Participate in or receive payment or change-of-control payment?       4a         Participate in or receive payment from an equity-based compensation arrangement?       4b         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         The organization?       5a       X
<ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> </ul>
<ul> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> <li>a The organization?</li> </ul>
<ul> <li>X Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> </ul>
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> </ul>
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a The organization?
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> </ul>
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> </ul>
contingent on the revenues of: a The organization? 5a X
a The organization? 5a X
a The organization?
If "Yes" on line 5a or 5b, describe in Part III.
6 For persons listed on 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" on line 6a or 6b, describe in Part III.
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
not described on lines 5 and 6? If "Yes," describe in Part III 7 X
8 Were any amounts reported on 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 8 X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?       9         LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule J (Form 990) 2021

41-2017329

#### 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 on 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 aren't 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 column (D) and (E) amounts for that individual.

	<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation					(iii) Other reportable compensation
(1) PAUL AUSTIN	(i)	131,080.	0.	0.	5,382.	18,947.	155,409.	0.
EXECUTIVE DIRECTOR	(ii)	14,564.	0.	0.	598.	2,105.	17,267.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION REVIEWS AND APPROVES COMPENSATION OF THE EXECUTIVE

DIRECTOR REGULARLY.

SCHEDULE I	-
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### **Transactions With Interested Persons**

OMB No. 1545-0047

2021	
Open To Public	

(Form 990)	Complete if the	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.										
Department of the Treasury Internal Revenue Service	► Go to	•			structions and the		on.		Open To Public Inspection			
Name of the organization	n						Em	ployer	ident	ificati	on nur	nber
	CONSERVATION							L-201				
	Benefit Transact											
· · · · · · · · · · · · · · · · · · ·	if the organization and					, or Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqual	lified person (b)	Relationship bet person and c			fied (c	) Description of tran	sactio	n			(d) Corrected Yes No	
			· <b>J</b> · · · · ·									No
<ol> <li>2 Enter the amount of section 4958</li> <li>3 Enter the amount of the amount</li></ol>						0,		► \$ ► \$				
Complete i	o and/or From In if the organization and	swered "Yes" on	Form 9	90-EZ,	Part V, line 38a or F	orm 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
(a) Name of interested person	n amount on Form 99 (b) Relationshi with organizatio	(c) Purpose	(d) Lo fron	z. an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due		(g) In default? (h) Approved by board or committee?		by board or		ritten ment?
CONSERVATION MI	35% CONT	EXPENSE	То	From X	361,283.	361,283.	Yes	No X	Yes	No X	Yes	No X
				A								

Complete if the organization answered "Yes" on Form 990 Part IV line 27

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance						

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

Schedule L (Form 990) 2021

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: CONSERVATION MINNESOTA VOTER CENTER (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY (C) PURPOSE OF LOAN: EXPENSE ALLOCATIONS

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021 Open to Public Inspection

Employer identification number

41-2017329

Name of the	organization
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#### CONSERVATION MINNESOTA

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contributi amounts reported Form 990, Part VIII, lii	on	(d) Method of de noncash contribu	etermin		s
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	6	170,	777.	FMV			
10	Securities - Closely held stock			<i>,</i>					
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 organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29	)			0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1	throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to	be us	ed for			
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	B1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nor	ncash				
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) i	is chec	;ked,			
	describe in Part II.								

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 CONSERVATION MINNESOTA	41-2017329	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, i is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organiza nation of both. Also com	ation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS IS REPORTED IN COLUMN B.		
SCHEDULE M, LINE 32B:		
CONSERVATION MINNESOTA USES A THIRD PARTY INVESTMENT COMPANY TO CONVERT		
DONATED STOCK INTO CASH.		

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 41-2017329

CONSERVATION MINNESOTA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE YOU WITH THE INFORMATION YOU NEED TO MAKE DECISIONS FOR YOUR

FAMILY, COMMUNITY AND FUTURE.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEE WHICH HAS THE AUTHORITY TO ACT

ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. ONCE AVAILABLE,

A DRAFT IS REVIEWED BY THE FINANCE COMMITTEE, THE EXECUTIVE DIRECTOR AND

OPERATIONS DIRECTOR. THE FORM 990 IS THEN PRESENTED TO THE BOARD AND

APPROVED PRIOR TO FILING.

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

EACH DIRECTOR ANNUALLY COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM. IF

ANY CONFLICTS ARISE, THE MEMBER WITH THE CONFLICT IS EXCUSED FROM

DISCUSSIONS AND VOTES REGARDING THE CONFLICT.

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

THE EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY COMPARING TO A LOCAL

NONPROFIT SALARY SURVEY AND APPROVED BY THE BOARD PRESIDENT.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2021 Name of the organization		Page Employer identification number
CONSERVATION MINNESOTA		41-2017329
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER CONSULTING SERVICES:		
PROGRAM SERVICE EXPENSES	76 114	
MANAGEMENT AND GENERAL EXPENSES	46,076.	
FUNDRAISING EXPENSES	4,760.	
TOTAL EXPENSES		
UTAL EXPENSES	126,950.	
FISCAL SPONSORSHIP CONSULTANTS:		
PROGRAM SERVICE EXPENSES	906,995.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	213.	
TOTAL EXPENSES	907,208.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,034,158.	

5	SCHE	DULE	ΕR
(	Form	990)	

#### (FOIII 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection Employer identification number

41-2017329

OMB No. 1545-0047

21

Name of the organization

Department of the Treasury Internal Revenue Service

CONSERVATION MINNESOTA

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CONSERVATION MINNESOTA VOTER CENTER, INC							
41-1949625, 1101 WEST RIVER PARKWAY, #250,	EDUCATING VOTERS ON				CONSERVATION		
MINNEAPOLIS, MN 55415	CONSERVATION POLICIES	MINNESOTA	501(C)(4)		MINNESOTA	х	
CLIMATE VOTE MINNESOTA - 84-5045364					CONSERVATION		
1101 WEST RIVER PARKWAY, #250					MINNESOTA VOTER		
MINNEAPOLIS, MN 55415	PAC	MINNESOTA	527		CENTER, INC.		х
CONSERVATION MINNESOTA VOTER FUND -					CONSERVATION		
74-2969265, 1101 WEST RIVER PARKWAY, #250,	]				MINNESOTA VOTER		
MINNEAPOLIS, MN 55415	PAC	MINNESOTA	527		CENTER, INC.		х

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

Schedule R (Form 990) 2021

## Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	inder 20 of Schedu				<sup>II or</sup> Percentaç <sup>ing</sup> ownershi er?		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No
	1										
	1										
	-										
	-										
										$\left  \right $	
	-										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) tion b)(13) rolled ity?
		country)				235613		Yes	
									<u> </u>
	]								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	'es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in l	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	X
d Loans or loan guarantees to or for related organization(s)		I X	X
e Loans or loan guarantees by related organization(s)		_	_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)		_	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
	1m	۱	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	X
o Sharing of paid employees with related organization(s)		, X	<u>x</u>
p Reimbursement paid to related organization(s) for expenses		,	
<b>q</b> Reimbursement paid by related organization(s) for expenses		4	_
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the above is "Yes," see the instructions for information on the above is "Yes," see the above is	<u>no must complete th</u>	is line, including covered r	elationships and transaction thresholds.
(a)	(b)	(c)	(d)

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) CONSERVATION MINNESOTA VOTER CENTER, INC.	с	600,000.	CASH RECEIVED
(2) CONSERVATION MINNESOTA VOTER CENTER, INC.	D	361,283.	BOOK VALUE
(3) CONSERVATION MINNESOTA VOTER CENTER, INC.	0	172,186.	REIMBURSED COSTS
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2021 CONSERVATION MINNESOTA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	<b>F</b>	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	<b>(g)</b> Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
	-											
				╉								<u> </u>

Schedule R (Form 990) 2021

# Schedule R (Form 990) 2021 CONSER

Provide additional information for responses to questions on Schedule R. See instructions.