Form	990
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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.



AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and	ending J	JN 30, 2021	
B c	Check if	C Name of organization		D Employer identi	fication number
	Addre	conservation minnesota			
	Name			41-2017329	9
	Initial returr		Room/suite	E Telephone numb	er
			250	612-767-244	
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,368,440.
	Amer returr	ded MINNEADOLLS MN 55415		H(a) Is this a group	return
	Appli tion	F Name and address of principal officer: MATTHEW LEWIS		for subordinate	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
11	Tax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) d	or 🗌 527	If "No," attach	a list. See instructions
٦ /	Nebsi	te: NWW.CONSERVATIONMINNESOTA.ORG		H(c) Group exempti	on number 🕨
KF	orm o	f organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2002	M State of legal domicile: MN
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	VATION MI	NNESOTA'S MISSI	N
nce		IS TO TURN OUR SHARED CONSERVATION VALUES INTO STATE PRIORIT			
'nai	2	Check this box if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization discontingeneeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	sed of more	than 25% of its net a	ssets.
Nel 2	3	Number of voting members of the governing body (Part VI, line 1a)			18
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 18
s S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			16
/itie	6	Total number of volunteers (estimate if necessary)		6	17
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		78	a 0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0 .
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		1,620,324	2,363,132.
ň	9	Program service revenue (Part VIII, line 2g)		2,280	. 720.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,392	. 1,481.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,782	. 3,107.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,634,778	2,368,440.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		96,000	. 105,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		915,468	1,002,544.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 125,			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		600,722	. 638,824.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,612,190	1,746,368.
	19	Revenue less expenses. Subtract line 18 from line 12		22,588	. 622,072.
or				ginning of Current Year	End of Year
t Assets d Balanc	20	Total assets (Part X, line 16)		1,095,188	
Ass	21	Total liabilities (Part X, line 26)		297,913	. 153,040.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		797,275	. 1,419,347.
Pa	art II	Signature Block	•		
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of n	ny 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 of officer		[Date
Here	MATTHEW LEWIS, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	ASHLEY C. REHN, CPA	ASHLEY C. REHN, CPA	10/25/21	self-employed P00965922
Preparer	Firm's name 🕒 REDPATH AND COMPANY, LTD	•	F	Firm's EIN 🕨 41-0975573
Use Only	Firm's address 🕨 4810 WHITE BEAR PARKWAY			
WHITE BEAR LAKE, MN 55110				Phone no. (651)426-7000
May the IRS discuss this return with the preparer shown above? See instructions				
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) CONSERVATION MINNESOTA	41-2017329	9 Page 2
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?	Γ	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Γ	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by exr	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$988,724. including grants of \$3,000.) (Revenue	¢.	720.)
10	PUBLIC ENGAGEMENT:	Ф	/
	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		\$	0.)
	PUBLIC EDUCATION:		
	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.		
4c	(Code:) (Expenses \$ 251,461. including grants of \$ 102,000.) (Revenue	\$	0.)
	PUBLIC POLICY:	Φ	
	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.		
	FROIECTED FOR THE BENEFIT OF CORRENT AND FOTORE GENERATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	1
4e	Total program service expenses 1,247,768.	,	
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Form 990 (2020) CONSERVATION MINNESOTA
Part IV Checklist of Required Schedules

Page	3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	x
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?	<u>14a</u>		
U	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			
10	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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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	<u> </u>	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
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	──	X
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% controlled	27		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		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 lines 28a or 28b? If			x
00	"Yes," complete Schedule L, Part IV	28c	x	<u> </u>
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 20		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	+	<u> </u>
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55	<u> </u>	
04	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	1	1
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 16			
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
b	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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
b	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
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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 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.			
			000	

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	'No" re	spons	e
	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	1a	18			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockno	ders, or			v
~	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-	0-	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			uo		
3	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	vonuo	Code)	Ū		
		venue	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v	
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	000 1	th a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			.,		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l financ	ial	
	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	ks and	records			
	THE ORGANIZATION - 612-767-2444					
	1101 WEST RIVER PARKWAY, NO. 250, MINNEAPOLIS, MN 55415					

Form 990 (2		41-2017329	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 Employee	əs	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization'	's tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organization)	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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

(A) Name and title	(B) Average	(do	(C) Position (do not check more than one				one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per		oox, unless person is both an officer and a director/trustee)		compensation	compensation from related	amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL AUSTIN	36.00		<u> </u>	0	×	<u> </u>	<u> </u>			
EXECUTIVE DIRECTOR	4.00			x				107,307.	11,923.	5,288.
(2) MATTHEW LEWIS	1.00							,	,	,
PRESIDENT	0.00	х		x				0.	0.	0.
(3) JIM SAUDER	1.00									
TREASURER	0.00	х		x				٥.	0.	0.
(4) KRISTIN EGGGERLING	1.00									
CO-VP	0.00	х		х				٥.	0.	0.
(5) MICHELLE HORAN	1.00									
CO-VP	0.00	Х						0.	Ο.	0.
(6) JEFF BLODGETT	1.00									
DIRECTOR	1.00	Х						٥.	0.	0.
(7) RICHARD BRAINERD	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(8) JOHN CURRY	1.00									
DIRECTOR	1.00	Х						٥.	0.	0.
(9) CHUCK DAYTON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) JENNIFER EDWARDS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) NANCY GIBSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) DAVID HARTWELL	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) TOM HORNER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) GENE MERRIAM	1.00									
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.
(15) LUCY ROGERS	1.00								0	0
DIRECTOR	1.00	X						0.	0.	0.
(16) KATHERINE TEIKEN	1.00								_	^
DIRECTOR (17) DAN AVCHEN ANNA VANG	0.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
DIALCION	1 0.00	Δ	l	I	l			U.	υ.	<u> </u>

Form 990 (2020) CONSERVATION	MINNESOTA								41-201	17329)	Р	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do not check more than one					n an	(D) Reportable compensation from	(E) Reportable compensatior from related	۱	an	(F) timate 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)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	ie tion ted
(18) GIA VITALI	1.00			0	×		_						
DIRECTOR	1.00	х						0.		٥.			0.
(19) FRANK WILKINSON	1.00												
DIRECTOR	0.00	X						0.		0.			0.
										_			
										-			
1b Subtotal								107,307.	11,9			5,	288.
c Total from continuation sheets to Part VII								0.	11,9	0.		5	0. 288.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 												<u> </u>	200.
compensation from the organization		000	noco	u ub		,	010						1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		x
5 Did any person listed on line 1a receive or a										F	-		
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors													
Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		ensati			
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Co	(C omper) nsatio	n
							_						
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz		ot lin	nitec	1 to 1		se lis D	ted	above) who received mo	ore than				

	t VII	2020) CONS Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respoi	nse oi	note to any line		(5)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excl from tax un sections 512
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
e E		Fundraising events								
ΓA		Related organizations				175,191.				
nlia		Government grants (conti				265,348.				
2		All other contributions, gifts,								
ner		similar amounts not included				1,922,593.				
S	g					87,119.				
anc	-	Total. Add lines 1a-1f					2,363,132.			
						Business Code	· · · ·			
	2 a	FEE FOR SERVICES			F	541900	720.	720.		
	b									
nue	c									
eve	d									
Hevenue	e				-					
		All other program service	rever	nue	_					
		Total. Add lines 2a-2f			_	►	720.			
	3	Investment income (inclue								
		other similar amounts)	•				1,481.			1,
	4	Income from investment of								
	5	Royalties				►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss				►				
		Gross amount from sales of	·	(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	с	Gain or (loss)								
		Net gain or (loss)				►				
		Gross income from fundraisi								
		including \$	-	-						
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			t <u>s</u>					
		Gross income from gamir								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s <u></u> .	>				
-		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			y					
Τ						Business Code				
	11 a	EXINGUISHMENTS COVI	D-1		_ [900099	3,107.			3,3
Kevenue	b				-					
eve	с				—					
ř		All other revenue								
		Total. Add lines 11a-11d					3,107.			
		Total revenue. See instruction					2,368,440.	720.	0.	4,

CONSERVATION MINNESOTA

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) Program service expenses (C) Management and general expenses (A) Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 105,000 105,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 131,038, trustees, and key employees 73,382. 48,484, 9,172. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 706,814. 180,534. Other salaries and wages 462,631. 63,649. 7 8 Pension plan accruals and contributions (include 28,902, section 401(k) and 403(b) employer contributions) 19,240. 7,137, 2,525. 78,594 57,525, 21,069, Other employee benefits 9 57,196. 36,889. 15,148 5,159. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 7,076. 2,089. 4,815, 172. Legal b 10,826, 182. 10,644, С Accounting 28,654, 28,654, Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 243,641 197,703. 43,644 2,294. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 121,208. 67,539. 12,378. 41,291. Office expenses 13 24,087. 19,662. 4,425 Information technology 14 15 Royalties 35,481 24,489, 10,813, 179. 16 Occupancy 1,796, 2,354, 558 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,607. 1,748. 859. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 10,348 7,346, 3,002 Depreciation, depletion, and amortization 22 5,841 1,699 4,142. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 137,614. DIGITAL COMMUNICATIONS 135,786. 446. 1,382. а b С d 9,087, 1,965, 7,112 10. All other expenses е 1,746,368, 1,247,768. 372,767. 125,833.

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► _ ______ if following SOP 98-2 (ASC 958-720)

n !	990 ()	2020) CONSERVATION MINNESOTA		41-	2017329 Pag
	tΧ	Balance Sheet			•
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	795,649.	1	898,
	2	Savings and temporary cash investments	120,534.	2	120,
	3	Pledges and grants receivable, net	92,500.	3	450,
	4	Accounts receivable, net	25,537.	4	38,
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,228.	9	24,
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 60,897.			
	b	Less: accumulated depreciation 19,505.	51,740.	10c	41,
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,095,188.	16	1,572,
	17	Accounts payable and accrued expenses	139,613.	17	153,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			158,300.	25	
	26		297,913.	26	153,
1	20	Organizations that follow FASB ASC 958, check here \checkmark	· · · ·	20	
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	140,059.	27	1,419,
	28	Net assets with donor restrictions	657,216.	28	, , ,
		Organizations that do not follow FASB ASC 958, check here	, -		
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Ο. 153,040.

Ο.

1,419,347.

Form 990 (2020)

1,419,347.

1,572,387.

31

32

33

797,275.

1,095,188.

898,117. 120,534. 450,000. 38,160.

24,184.

41,392.

1,572,387. 153,040.

Form Par

Assets

Liabilities

Net Assets or Fund Balances

31

32

33

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 1,746,568. 2 1,746,568. 3 622,072. 4 Hervenue (must equal Part X, column (A), line 25) 2 5 Net unrealized gains (losses) on investments 5 6 6 7 7 Net unrealized gains (losses) on investments 6 6 7 1 9 Other charges in net assets or fund balances (explain on Schedule O) 8 9 Other charges in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 1, 419, 347. Part XII Financial Statements and Reporting 1 1, 419, 347. Check if Schedule O contains a response or note to any line in this Part XII 1 2 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Yees No 1 2a X	Form	1990 (2020) CONSERVATION MINNESOTA	41-2017329	Э	Pad	_{ge} 12			
1 Total evenue (must equal Part VII, column (A), line 12) 1 2,368,440. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,746,366. 3 Revenue less expenses. Subtract line 2 from line 1 3 622,072. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 737,275. 5 Net unrealized gains (losses) on investments 6	Pa	rt XI Reconciliation of Net Assets							
1 Total evenue (must equal Part VII, column (A), line 12) 1 2,368,440. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,746,366. 3 Revenue less expenses. Subtract line 2 from line 1 3 622,072. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 737,275. 5 Net unrealized gains (losses) on investments 6		Check if Schedule O contains a response or note to any line in this Part XI							
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,746,368. 3 Revenue less expenses. Subtract line 2 from line 1 3 622,072. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 797,275. 5 Net unrealized gains (losses) on investments 6 7 7 6 7 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 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, 419, 347. Part XII Financial Statements and Reporting 7 7 7 Check if Schedule O contains a response or note to any line in this Part XII 7 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 1f Accounting method used to prepare the form 990: Cash X Accrual Other 7 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 2a X 11 Yes <i td=""> No 1</i>									
3 622,072. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 797,275. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 7 7 8 6 6 7 8 7 8 9 0.ther changes in net assets or fund balances (explain on Schedule O) 9 0. 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, 419, 347. Part XII Financial Statements and Reporting 10 1, 419, 347. Part XII Financial Statements and Reporting 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	368,	440.			
4 797,275. 5 Net unrealized gains (losses) on investments 5 6 6 6 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 419, 347. Part XII Financial Statements and Reporting 10 1, 419, 347. Part XII Financial Statements and Reporting 10 1, 419, 347. Part XII Financial Statements and Reporting 10 1, 419, 347. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X<	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	746,	368.			
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a X 1 1 1 2 2 2 2 3 3 3 4 4 4 4 4 4 5 5 6 7 7 5 6 7 7 6 7 1 2 2 2 3 4 5 5 6 7 7 1 4 5 2 2 3 5 5 5 5 6 7 </th <td>3</td> <td colspan="8">Revenue less expenses. Subtract line 2 from line 1</td>	3	Revenue less expenses. Subtract line 2 from line 1							
6 Donated services and use of facilities 7 Investment expenses 8 7 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 1,419,347. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: C has a preparation changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? 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 b Were the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain on Schedule O. 3a As a result of a fede	4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
6 Donated services and use of facilities 7 Investment expenses 8 7 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 1,419,347. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: C has a preparation changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? 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 b Were the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain on Schedule O. 3a As a result of a fede	5	Net unrealized gains (losses) on investments	5						
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 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 Marcina Basis Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis 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 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 If "Yes," to line 2a or 2b, does the organization have a committee that as	6		6						
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,419,347. Part XII Financial Statements and Reporting 10 1,419,347. Check if Schedule O contains a response or note to any line in this Part XII 10 1,419,347. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X 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: 2b X 10 X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 10 X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statem	7		7						
0 Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 419, 347. Part XII Financial Statements and Reporting	8		8						
column (B) 10 1,419,347. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements 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 Dothon solidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the orga	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct on C		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).						
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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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.						
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits		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						
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2020)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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	
2020	

Open to Public

		lr	Ispec	tion	
-	-				-

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

Name o	f the organization		_				Employer	r identification number				
David		VATION MINNESOT						41-2017329				
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The orga	anization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)							
1 🗌	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2	A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3	A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).						
4] A medical research organiz	ation operated in co	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	or the benefit of a co	lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in				
	section 170(b)(1)(A)(iv). (0			-								
6	A federal, state, or local go	• •	nental unit described in	section 17	70(b)(1)(A)	(v).						
7 X	-	-					e general i	oublic described in				
•	section 170(b)(1)(A)(vi). (C			on a gove			le general j					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An agricultural research or				nd in coniu	unction with a	land grant	collogo				
9												
	or university or a non-land-	grant college of agric	ulture (see instructions).		name, city	, and state of	the college					
<i></i>	university:											
10	An organization that norma	•					-	•				
	activities related to its exer											
	income and unrelated busi		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
	See section 509(a)(2). (Co											
11	An organization organized											
12	An organization organized	and operated exclusion	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or				
	more publicly supported or	ganizations describe	d in section 509(a)(1) c	or section	509(a)(2).	See section 5	509(a)(3). (Check the box in				
_	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting				
	organization. You must o	complete Part IV, Se	ections A and B.									
b [Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization	n(s), by hav	/ing				
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported				
	organization(s). You mus	t complete Part IV,	Sections A and C.									
с [Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
	its supported organizatio	• • • •					, 0	,				
d	Type III non-functionally		-				ted organiz	zation(s)				
	that is not functionally inf		• •				-					
	requirement (see instruct	•	c	•		•	anatonin					
• [Check this box if the orga	,	•	-			I Type III					
υL	functionally integrated, o					турст, турст	i, iype iii					
f Er	iter the number of supported	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	0 0	ation.							
	ovide the following information	•	d organization(c)									
y Fi	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	nization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization	.,	(described on lines 1-10	Yes	ng document?	support (see in	-	support (see instructions)				
			above (see instructions))	163								
Total												

Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,643,631.	1,239,200.	2,081,201.	1,620,324.	2,363,132.	8,947,488.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,643,631.	1,239,200.	2,081,201.	1,620,324.	2,363,132.	8,947,488.
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)						2,890,688.
6	Public support. Subtract line 5 from line 4.						6,056,800.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,643,631.	1,239,200.	2,081,201.	1,620,324.	2,363,132.	8,947,488.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,085.	1,559.	4,415.	3,392.	1,481.	11,932.
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.)	4,750.					4,750.
11	Total support. Add lines 7 through 10	, -					8,964,170.
	Gross receipts from related activities,	etc. (see instruction				12	42,203.
	First 5 years. If the Form 990 is for th			ourth or fifth tax ve	ear as a section 5		, .
10	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		14	67.57 %
	Public support percentage from 2019		•			15	61.33 %
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						► X
b	33 1/3% support test - 2019. If the c		-				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test					ind line 14 is 10% c	······ ► □
	and if the organization meets the facts	•					-
	meets the facts-and-circumstances te				•		
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1	► 💷
5	more, and if the organization meets th	-					070 01
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
			e. on mie 10, 10a	, ,	5.100K 410 00X 41		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CONSERVATION MINNESOTA Part III Support Schedule for Organizations Described in Section 509(a)(2)

41-2017329 Page 3

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	I						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(a) 2010		(0) 2010	(0) 2013	(e) 2020	
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in 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.)		<u> </u>	for the second second	I		
14	First 5 years. If the Form 990 is for the	•					·
0.0	check this box and stop here	- <u>Ourses and Da</u>					▶∟
	ction C. Computation of Public					1 1	
	Public support percentage for 2020 (lin			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19 a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and lir	ne 17 is not
٢	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the						►
i.	line 18 is not more than 33 1/3%, chec	-					
20	Private foundation. If the organization						
20		, and not oncort a	557 OF INO 14, 13	a, 51, 100, 0100 K ti	no box and boo inc		🔽 🗖

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

10b

Part IV Supporting Organizations (continued)

41-2017329 Page **5**

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported to the organization of the organization of the organization had more than one supported to the organization of the organization had more than one supported to the organization of the organization had more than one supported to the organization of the organization had more than one supported to the organization of the organization had more than one supported to the organization of the organization had more than one supported the organization of the organization had more than one supported to the organization of the organiza			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		

SL	pervise	d. or con	trolled the	supportin	a organization	
Sectio	n C. T	fýpe II S	Support	ting Org	anizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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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 in 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 t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

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

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 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 in 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

3b

Yes No

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital	gain	1		
2 Recoveries of prior-ye	ar distributions	2		
3 Other gross income (s	ee instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and dep	etion	5		
6 Portion of operating e	xpenses paid or incurred for production or			
collection of gross inc	ome or for management, conservation, or			
maintenance of prope	rty held for production of income (see instructions)	6		
7 Other expenses (see i		7		
8 Adjusted Net Income	e (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asse			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short	ax year or assets held for part of year):			
a Average monthly value	e of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of o	ther non-exempt-use assets	1c		
d Total (add lines 1a, 1b	o, and 1c)	1d		
e Discount claimed for	blockage or other factors			
(explain in detail in Pa	rt VI):			
	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from li	ne 1d.	3		
4 Cash deemed held for	r exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exem	pt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.03	5.	6		
7 Recoveries of prior-ye	ar distributions	7		
8 Minimum Asset Amo	unt (add line 7 to line 6)	8		
Section C - Distributable A	mount			Current Year
1 Adjusted net income f	or prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amou	nt for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2		4		
5 Income tax imposed in		5		
	t. Subtract line 5 from line 4, unless subject to			
	reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509	a)(5) Supporting Orga	mzations (continu	led)	
Secti	on D - Distributions				Current Year
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	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u> i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 CONSERVATION MINNESOTA	41-2017329 Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	es 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
SCHEDULE	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INC	OME	
2016 AMOU	NT: \$ 4,750.	
_		

Page 8

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

41	-20	17	329
			222

5	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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 or 990-EZ), 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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page **2**

CONSERVATION MINNESOTA

Employer identification number

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) (d) Total contributions Type of contribution	
1		_ \$ Person X Payroll D Noncash C (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
2		_ \$ \$ 73,264. Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		_ \$265,348. Person X Payroll _ Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4		_ \$65,000. Person X Payroll (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		_ \$ (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
6		_ \$S00,000. Person X Payroll (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

CONSERVATION MINNESOTA

Employer identification number

41-2017329

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$75,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$675,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page **3**

Employer identification number

CONSERVATION MINNESOTA

41-2017329

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	PUBLICLY TRADED STOCK			
2				
		\$73,264.	12/31/20	
(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	(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	
		\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 4

Name of ore	ganization		Employer identification number
CONSERVAJ	FION MINNESOTA		41-2017329
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(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, a	nd 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
	Transferee's name, address, a	(e) Transfer of gif	ft 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
	Transferee's name, address, a	(e) Transfer of gif	ft 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, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Nan	ne of organization				Emplo	over identification number
	CONSERVATION MINNESOTA Part I-A Complete if the organization is exempt under section 501(c) or is a section 527					41-2017329
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 52	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				0. 0.
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).		
1	Enter the amount of any excise tax	incurred by the organization unc	ler section 4955	-	▶\$	0.
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		▶\$	0.
	If the organization incurred a section					
b	If "Yes." describe in Part IV.					
Pa	Int I-C Complete if the org	anization is exempt und	er section 501(c),	except section 5	01(c)	(3).
1	Enter the amount directly expended	I by the filing organization for se	ction 527 exempt funct	ion activities	▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527		
	exempt function activities				▶\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
	line 17b					
	Did the filing organization file Form					
5	Enter the names, addresses and em			-		
	made payments. For each organization					-
	contributions received that were pro				parate	segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ide information in Part	IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

LHA

Form 990 or 990-EZ) 2020		
Complete if the or	aonization io d	

section 501(h)).	in is exempt under section 501(c)(s) and me	u Form 5766 (ele	ction under
A Check if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated g	group member's name	, address, EIN,
expenses, and share of exces	s lobbying expenditures).		
B Check if the filing organization check	ed box A and "limited control" provisions apply.		
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	4,609.	
b Total lobbying expenditures to influence a leg	islative body (direct lobbying)	24,044.	
c Total lobbying expenditures (add lines 1a and	1 1b)	28,653.	
		1,219,114.	
	s 1c and 1d)	1,247,767.	
f _Lobbying nontaxable amount. Enter the amo		199,777.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	line 1f)	49,944.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?	-		Yes No
	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all o	f the five columns be	low.

.....

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	220,552.	241,037.	230,610.	199,777.	891,976.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,337,964.		
c Total lobbying expenditures	28,998.	143,102.	45,954.	28,653.	246,707.		
d Grassroots nontaxable amount	55,138.	60,259.	57,653.	49,944.	222,994.		
e Grassroots ceiling amount (150% of line 2d, column (e))					334,491.		
f Grassroots lobbying expenditures	11,600.	79,070.	33,765.	4,609.	129,044.		

Schedule C (Form 990 or 990-EZ) 2020

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	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)			
of the	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)?						
с	Media advertisements?						
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
	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						
с	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		3	4°			
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 politic						
	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						
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po						
	expenditure next year?		. 4				
5	Taxable amount of lobbying and political expenditures (See instructions)	<u></u>	. 5				
Par	t IV Supplemental Information						
Prov	ovide 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.

Department of the Treasury

Internal Revenue Service

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



Name	of	the	organ	ization
Name	UI.	uie	uyai	nzauon

Employer identification number

	CONSERVATION MINNESOTA		41-2017329
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form c	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic strue	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservati	ion easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above		
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · ·	
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial stateme	nts that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	ner Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 958		ad balance sheet works
Ia	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958		
5	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	··· · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS		
а	Bevenue included on Form 990. Part VIII line 1		► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 0 Using the organization's accession, and other records, check any of the following that make significant use of its 1 Delate schedulism, accession, and other records, check any of the following that make significant use of its 0 Delate schedulism, accession, and other records, check any of the following that make significant use of its 0 Description of the organization's collections and explain how they further the organization's accessing or other similar assets 0 Description of the organization's collections and explain how they further the organization's accessing or other similar assets 10 Description of the organization's collections and explain how they further the organization's accessing or other assets 10 Description of the organization's collections of art, historical tressures, or other similar assets 10 Description of the organization's collections of art, historical tressures, or other assets not included 11 Bit freq, 'explain the arrangement in Part XII. Long 21, for accessing the arganization's collection that the product of the organization include an amount on Form 900, Part X, Ine 21, for accessing account labity? Yes No 11 Beginning dysar balance [a) [a) [a) [a) [a) [a) [a) [a) [a] [a) [a]<	Sche	dule D (Form 990) 2020 CONSERVATI	ON MINNESOTA						41-201	7329	<u> </u>	_{age} 2
collection lemis (check all that apply): Collection lemis (check all that apply): Scholarly research Collection lemistry of the organization solutions and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solution are applied in the organization solution. Part V Endows and the organization solution are applied in the organization solution are set with a rank and the organization solution. Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization and the organization solution are set with a rank and the organization and t	Par	t III Organizations Maintaining C	collections of Art	t, Histori	cal Tre	asures, o	r Other	⁻ Simila	r Assets	(contin	ued)	
a Public exhibition d □ can or exchange program b Scholary research e □ Other	3	Using the organization's acquisition, accessi	on, and other records	s, check ar	ny of the f	ollowing that	t make si	gnificant ι	use of its	•	,	
b Scholarly research e Other C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. C During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. C During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. C During the year, did the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization collection? Ves No D if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Be		collection items (check all that apply):										
b Scholary research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic or receive donations of art, historical treasures, or other similar assets to be solid to result the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. c Beginning balance It It It Amount term It It It It It It It d dditions during the year It	а	Public exhibition	d		an or exc	hange progra	am					
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. 1 Is the organization and explanation the part of the organization has been provided on Part X 1 Period the arganization asset on the intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization has been provided on Part X 3 Beginning of year balance [al Current year (b) Pior year (c) Piov years back (d) for yea	b	Scholarly research	е									
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Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part K, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X // Ime 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1a Additions during the year 1a Distributions during the year 1a Ending balance 1a Distributions during the year 1a Ending balance 1b 1c 1a Distributions during the year 1a Ending balance 1a Ending balance 1a Ending balance 1a Distributions during the year 1a Beginning of year balance 1a (20, 534, 118, 831, 117, 391, 116, 754, 114, 282, 2834, 118, 831, 117, 391, 116, 754, 114, 282, 2834, 118, 831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 2831, 117, 391, 114, 283, 280, 493, 493, 493, 493, 493, 493, 493, 493				,		,				Yes		No
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on Form 990, Part X?	1a			iary for cor	tribution	s or other ass	sets not i	ncluded				
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b Contributions 0 1,703. 1,440. 637. 581. c Net investment earnings, gains, and losses 0. 1,703. 1,440. 637. 581. c Other expenditures for facilities and programs 1 1 1 1 1 1 1 g End of year balance 120,534. 120,534. 118,831. 117,391. 114,863. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 % b Permanent endowment ▶ .0000 % % Yees No g Ind of year balance .0000 % % Yees No g Ind of year balance .0000 % % Yees No 3a(i) x g Ind of year balance .0000 % % Yes No 3a(i) x g Ind organizations .0000 % .0000 %	4.	Destination of the state of										
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e Other expenditures for facilities and programs	C.		0.		1,703.		1,440.		637.			501.
and programs												
f Administrative expenses 120,534. 120,534. 118,831. 117,391. 114,863. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 % b Permanent endowment ▶ .0000 % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ .0000 %	е	Other expenditures for facilities										
g End of year balance 120,534. 120,534. 118,831. 117,391. 114,863. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 % b Permanent endowment ▶ .0000 % .0000 % c Term endowment ▶ .0000 % .0000 % c Term endowment ▶ .0000 %												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶100% b Permanent endowment ▶0000% c Term endowment ▶0000% d Equipment ≥0000% a Are there endowment ▶0000% ii) Related organizations	f	Administrative expenses										
a Board designated or quasi-endowment ▶ 100 % b Permanent endowment ▶ .0000 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) x (ii) Related organizations 3a(ii) x 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(i) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land	g		· · ·		,		8,831.	1	17,391.		114,	863.
a Decarb endowment ▶ .0000 % b Permanent endowment ▶ .0000 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Yes No (ii) Related organizations 3a(i) X 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R? 3b 3b J 4 Describe in Part XIII the intended uses of the organization's endowment funds. Term 900, Part X, line 10. 3b J Part VI Land, Buildings, and Equipment. (b) Cost or other (c) Accumulated (d) Book value b Buildings Image: State St	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, c	olumn (a)) held as:						
c Term endowment ▶0000_% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		•	100	_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (iii) Cost or other basis (other) (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (d) Cost or ther basis (other) (f) So5. (f) So5.<!--</td--><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3d(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b 3b 3b 3c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4basis (investment) basis (other) (d) Book value 4basis (other) 4basis (other	С	Term endowment .0000	_%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Column (d) must egual Form 990, Part X, column (B), line 10c,		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3b 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 7 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5 5 5 c Leasehold improvements 60,897, 19,505, 41,392. 41,392. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 41,392. 41,392.	3a	Are there endowment funds not in the posse	ession of the organiza	ition that a	re held ar	nd administer	ed for th	e organiza	ation	-		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 9a(ii) X Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1		by:									Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c		(i) Unrelated organizations								3a(i)		X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements (e) Other d Equipment 60,897. e Other (c) Column (d) must equal Form 990, Part X, column (B), line 10c.)										3a(ii)		Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sche	edule R?					Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4	Describe in Part XIII the intended uses of the	e organization's endov	wment fund	ds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	nent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, li	ne 11a. S	ee Form 990	, Part X,	line 10.				
1a Land		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Bool	< valu	e
b Buildings	_				. ,		.,					
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment 60,897. 19,505. 41,392. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 41,392. 41,392.												
e Other 60,897. 19,505. 41,392. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 41,392.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						60.897.		19	505.		41	392.
				V ochurar	(D) line 1	, ,	1	/	· •			
	1010	in Alea intes ha through he. (Columni (a) must e	iyual FUIIII 990, Part J		<u>, ine 1</u>	<i>UC.J</i>			Schedulo	D (Form	-	

032052 12-01-20

032053 12-01-20

Part VII	Investments - Ot	her Securities.

Complete if the organization answered "Yes" on 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-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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)		

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. ((Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part)	C Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
	(a) Description of liability	
(1)	(a) Description of liability	
(1) (2)	(a) Description of liability	
(1) (2) (3)	(a) Description of liability	
(1) (2) (3) (4)	(a) Description of liability	
(1) (2) (3) (4) (5)	(a) Description of liability	
(1) (2) (3) (4) (5) (6)	(a) Description of liability	
(1) (2) (3) (4) (5) (6) (7)	(a) Description of liability	

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

X

Sche	dule D (Form 990) 2020 CONSERVATION MINNESOTA		41-2017	329 Page 4
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	2,368,440.
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		3	2,368,440.
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.)		2,368,440.
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	1,746,368.
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.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,746,368.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		1,746,368.
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		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Gov	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2020
Department of the Treasury Internal Revenue Service		Compi	-	Attach to Fori s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization	ON CONSERVATION N	MINNESOTA						Employer identification number 41-2017329
Part I General In	formation on Grants a						I	
criteria used to a	ation maintain records t ward the grants or assis	stance?				v		
	IV the organization's pro d Other Assistance to I					anization answered "V	as" on Form 990 Part	IV line 21 for any
	nat received more than \$	-						
1 (a) Name and ad	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONSERVATION MINN CENTER - 1101 WES #250 - MINNEAPOLI	T RIVER PARKWAY,	41-1949625	501(C)4	102,000.	0.	N/A	N/A	GENERAL SUPPORT OF CHARITABLE ACTIVITIES
2 Enter total numb	er of section 501(c)(3) ar	nd government or	anizations listed in the	line 1 table	L	l	I	0.
	er of other organizations						·····	1.
LHA For Paperwork	Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

CONSERVATION MINNESOTA Schedule I (Form 990) 2020

(a) Type of grant or assistance

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. Part III

(b) Number of

recipients

Part IV Supplemental Information. Provide	the information requ	ired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
Part IV Supplemental Information. Provide	the information requ	ired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
Part IV Supplemental Information. Provide	the information requ	ired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part IV Supplemental Information. Provide	the information requ	lired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	

(f) Description of noncash assistance

Page 2

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.

2020 Open to Public Inspection

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

CONSERVATION	MINNESOTA

Employer identification number
41-2017329

Pai	rt I	I Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	S
1	A	rt - Works of art							
2		rt - Historical treasures							
3		rt - Fractional interests							
4		ooks and publications							
5		lothing and household goods							
6		ars and other vehicles							
7		oats and planes							
8		tellectual property							
9		ecurities - Publicly traded	Х	4	87,119.	FMV			
10		ecurities - Closely held stock			,				
11		ecurities - Partnership, LLC, or							
		ust interests							
12	S	ecurities - Miscellaneous							
13	Q	ualified conservation contribution -							
	H	istoric structures							
14	Q	ualified conservation contribution - Other							
15	R	eal estate - Residential							
16	R	eal estate - Commercial							
17	R	eal estate - Other							
18	С	ollectibles							
19		ood inventory							
20		rugs and medical supplies							
21	Та	axidermy							
22		istorical artifacts							
23		cientific specimens							
24		rcheological artifacts							
25		ther 🕨 ()							
26	0	ther 🕨 ()							
27	0	ther 🕨 ()							
28	0	ther 🕨 (
29	N	umber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	fo	or which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			0	
								Yes	No
30a	D	uring the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	m	nust hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	e>	xempt purposes for the entire holding period?					30a		х
b	lf	"Yes," describe the arrangement in Part II.							
31	D	oes the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	tions?	31		х
32a	D	oes the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	С	ontributions?		-			32a		х
b	lf	"Yes," describe in Part II.							
33		the organization didn't report an amount in co	olumn (c) foi	a type of property	/ for which column (a) is cheo	cked,			
	de	escribe in Part II.							
LHA		For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule	M (Forn	n 990)	2020

Schedule M (Form 990) 2020 CONSERVATION MINNESOTA	41-2017329	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33,	and whether the organiz	ation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	ination of both. Also cor	nplete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTORS IS REPORTED IN COLUMN B.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



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 4:

THE ORGANIZATION ADOPTED AMENDMENTS TO ITS ARTICLES OF INCORPORATION AND

BYLAWS TO ALIGN WITH BEST PRACTICES FOR MINNESOTA NONPROFIT CORPORATIONS.

THE AMENDMENTS CLARIFY THAT THE BOARD MAY TAKE WRITTEN ACTION OUTSIDE OF A

MEETING. THE AMENDMENTS ALSO CLARIFY THE TERMS OF SERVICE OF DIRECTORS,

THE DUTIES OF THE OFFICERS, AND THAT STATE OR LOCAL ELECTED OFFICIALS OR

PARTY OFFICIALS ARE INELIGIBLE TO SERVE AS DIRECTORS OF THE CORPORATION.

THE AMENDMENTS DO NOT CHANGE THE PURPOSES OF THE ORGANIZATION, THE

COMPOSITION OF THE BOARD, HOW ASSETS WILL BE DISTRIBUTED UPON DISSOLUTION,

OR THE PROCESS FOR AMENDING THE GOVERNING DOCUMENTS.

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

THE FINANCE 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.
THE FINANCE 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.
FORM 990, PART VIII AND PART XI
CONSERVATION MINNESOTA AND CONSERVATION MINNESOTA VOTER CENTER, A
RELATED ORGANIZATION, SHARE STAFF AND FACILITIES. SHARED COSTS ARE
ALLOCATED BETWEEN THE TWO ORGANIZATIONS. CONSERVATION MINNESOTA IS
REIMBURSED FOR EXPENSES ALLOCATED TO CONSERVATION MINNESOTA VOTER
CENTER.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING FEES:
PROGRAM SERVICE EXPENSES 197,703.
MANAGEMENT AND GENERAL EXPENSES 43,644.
FUNDRAISING EXPENSES 2,294.
TONDRATSING EXTENSES 2,254.

Schedule O (Form 990 or 990-EZ) 2020

CONSERVATION MINNESOTA

Name of the organization

Page **2**

Employer identification number

41-2017329

Schedule O (Form 990 or 990-EZ) 2020	Page 2	
Name of the organization CONSERVATION MINNESOTA		Employer identification number 41-2017329
TOTAL EXPENSES	243,641.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	243,641.	

(Form 990)	
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SCHEDULE R

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.

Name of the organization

Department of the Treasury Internal Revenue Service

CONSERVATION MINNESOTA

Employer identification number 41-2017329

OMB No. 1545-0047

Open to Public Inspection

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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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 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.

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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.

organizationo treated ao a pa											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
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 sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or ing ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
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	1										
	{										

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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) tion b)(13) folled ity?
		country)		of truoty		400010		Yes	No
	-								

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.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			2
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)	<u>1i</u>		
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		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses		x	
a Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONSERVATION MINNESOTA VOTER CENTER, INC.	В	102,000.	CASH PAID
(2) CONSERVATION MINNESOTA VOTER CENTER, INC.	с	175,191.	CASH RECEIVED
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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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>	F	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V URI	(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>

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