** 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.

Α	For the	2023 calendar year, or tax year beginning JUL	1, 2023 and	ending JU	JN 30, 2024	•
В	Check if	C Name of organization			D Employer identific	cation number
ŧ	applicable	•				
	Addres					
	Name change	Doing business as			41-2017329	
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	
	Final return/	1101 WEST RIVER PARKWAY	′	250	612-767-2444	
	termin- ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$	3,214,574.
	Ameno		0 1		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KATHER:	INE TEIKEN		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	—
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527		list. See instructions
	Websit		,, , , , , , , , , , , , , , ,		H(c) Group exemption	
			ciation Other	L Year		1 State of legal domicile: MN
	art I	Summary			•	ŭ
	1	Briefly describe the organization's mission or most sig	gnificant activities: CONSER	VATION MI	NNESOTA'S MISSION	1
Governance		IS TO TURN OUR SHARED CONSERVATION VALUE				
na	2	Check this box if the organization disconting	nued its operations or dispos	ed of more	than 25% of its net ass	ets.
Ş	3	Number of voting members of the governing body (Pa	art VI, line 1a)		3	23
		Number of independent voting members of the gover				23
ფ	5	Fotal number of individuals employed in calendar yea				20
itie	6	Total number of volunteers (estimate if necessary)				23
Activities &	7 a	Fotal unrelated business revenue from Part VIII, colun				0.
⋖	b	Net unrelated business taxable income from Form 99				0.
					Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)			2,828,594.	3,201,420.
Revenue	9				0.	0,
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, ar			2,801.	13,154.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			0.	0.
	1	Fotal revenue - add lines 8 through 11 (must equal Pa			2,831,395.	3,214,574.
		Grants and similar amounts paid (Part IX, column (A),			378,325.	242,303.
	1	Benefits paid to or for members (Part IX, column (A), I			0.	0,
S	45	Salaries, other compensation, employee benefits (Par			1,685,133.	1,646,706.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			10,194.	9,775.
ē	b	Total fundraising expenses (Part IX, column (D), line 2				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	1f-24e)		1,044,267.	1,299,155.
		Total expenses. Add lines 13-17 (must equal Part IX, o			3,117,919.	3,197,939.
	19	Revenue less expenses. Subtract line 18 from line 12			-286,524.	16,635.
Net Assets or	G			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			1,067,717.	1,119,322.
ASS	21	Total liabilities (Part X, line 26)			233,417.	268,387.
Rei	22	Net assets or fund balances. Subtract line 21 from lin	e 20		834,300.	850,935.
	art II	Signature Block				
Und	ler pena	ties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) i	is based on all information of wh	ich preparer		
		kathenne luken			\$/14/2025	3:36 PM CDT
Sig		Signfatthqpopafficeqo			Date	
Hei	re	KATHERINE TEIKEN, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Print/Type preparer's name	reparer's signature		Date Check C	PTIN
Pai	d	CATHY A. LYDON, CPA CA	THY A. LYDON, CPA	05	5/14/25 self-employ	
	parer	Firm's name REDPATH AND COMPANY, LLC			Firm's EIN	92-0370318
Use	Only	Firm's address 400 ROBERT ST. N, SUITE 1600	0			
_		ST. PAUL, MN 55101			Phone no. (65	1) 426-7000
Ma	y the IF	S discuss this return with the preparer shown above	? See instructions			X Yes No

	990 (2023) CONSERVATION MINNESOTA	41-2017329	Page 2
Par	t 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?	Ye	s 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?	Ye	s 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 me	easured by expenses	S.
	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 \$1, 288, 630. including grants of \$142, 553.) (Revenue	\$	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.		
4b	(Code:) (Expenses \$ 876,786. including grants of \$ 99,750.) (Revenue	\$	0.)
	PUBLIC ENGAGEMENT:		
	CONSERVATION MINNESOTA IS GUIDED BY THE PRIORITIES OF MINNESOTANS AND		
	ENGAGES ITS STATEWIDE NETWORK OF OVER 70,000 INDIVIDUALS AND LOCAL		
	LEADERS WITH MEANINGFUL OPPORTUNITIES TO HELP SOLVE THE CONSERVATION		
	ISSUES THAT THEY TELL US ARE MOST IMPORTANT.		
4c	(Code:) (Expenses \$) (Revenue) (Revenue)	\$	<u> </u>
	PUBLIC POLICY:		
	CONSERVATION MINNESOTA DEVELOPS AND ADVOCATES FOR PUBLIC POLICIES THAT		
	ENSURE OUR CHERISHED MINNESOTA LAKES, LANDS AND WAY OF LIFE ARE		
	PROTECTED FOR THE BENEFIT OF CURRENT AND FUTURE GENERATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,311,904.		

CONSERVATION MINNESOTA Form 990 (2023) CONSERVATION MINNE Part IV Checklist of Required Schedules 41-2017329 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	v	
_	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		x
_	Schedule D, Part III	8		
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?	•		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۵.	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Page 4 Form 990 (2023) Part IV Checklist of Required Schedules (continued) Ye<u>s</u> No 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 Х 22 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 Х 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 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 Х 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 Х 25b 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 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? |f "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	1a	66				I
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			1c	Х		

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Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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		Х
	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	7.		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α.
d		7e		х
e f		7 6 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
Ū	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		
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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 13b			
	Enter the amount of reserves on hand Did the exemplation vession any payments for indeed template any payments.	11-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		²¹
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
13		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х				
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 23							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 23							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6						
	more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra						
b	persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76						
	The governing body?	8a	Х					
a	Each committee with authority to act on behalf of the governing body?			х				
b		8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>						
000	tion B. I Gliolog (This Section B requests information about policies not required by the internal Revenue Gode.)		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
D		10b						
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- I I G						
12a		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	 					
·	· · · · · · · · · · · · · · · · · · ·	12c	х					
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written whistleblower policy? 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 approval by independent	14						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_	The organization's CEO, Executive Director, or top management official	15a	х					
	Other officers or key employees of the organization	15b	X					
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
.54	taxable entity during the year?	16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	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 MN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole				
	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 Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year.		J.41					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
_0	THE ORGANIZATION - 612-767-2444							
	1101 WEST RIVER PARKWAY, 250, MINNEAPOLIS, MN 55415							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	mea	((ірсіі	our	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more the box, unless person is officer and a director/		than c s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PAUL AUSTIN	20.00									
EXECUTIVE DIRECTOR	12.00			Х				91,190.	54,110.	32,527.
(2) NELS P PAULSEN	29.60									
POLICY DIRECTOR	2.40					Х		101,708.	7,655.	5,103.
(3) ANDREW GOLDMAN-GRAY	40.00									
UPSTREAM DIRECTOR						Х		101,725.	0.	8,240.
(4) CHARLENE BROOKS SIMONSON	1.00									
VP		Х		Х				0.	0.	0.
(5) TOM HORNER	1.00									
VP		Х		Х				0.	0.	0.
(6) JENNA DAHLBERG	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) KATHERINE TEIKEN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) DAN AVCHEN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GIA VITALI	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JEFF BLODGETT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RODNEY OVERCASH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SARAH STEVENS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) HEIDI BENEDICT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JASON MOOTY	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KATIE BLOOME	1.00									
DIRECTOR		Х						0.	0.	0.
(16) MICHAEL NORTHBIRD	1.00									
DIRECTOR		Х						0.	0.	0.
(17) TIFFANY ORTH	1.00									
DIRECTOR		Х						0.	0.	0.

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101111000 (2020)	ION MINNESOTA								41-201/32	Page o
Part VII Section A. Officers, Directors,	Trustees, Key Emp	loy	ees,	and	l Hiç	ghes	t Co	pmpensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) AVI OLITZY	1.00									
DIRECTOR		Х						0.	0.	0.
(19) AYISHA JAFFER	1.00									
DIRECTOR		Х						0.	0.	0.
(20) DIANE MEIER	1.00									
DIRECTOR		Х						0.	0.	0.
(21) HELENA WAY	1.00									
DIRECTOR		Х						0.	0.	0.
(22) JESSICA AYERS-BEAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(23) JOHN HOWARD	1.00									
DIRECTOR		Х						0.	0.	0.
(24) MARI OJEDA	1.00									
DIRECTOR (PART YEAR)		Х						0.	0.	0.
(25) MIKE BULL	1.00									
DIRECTOR		Х						0.	0.	0.
(26) PETER HOLT	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								294,623.	61,765.	45,870.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								294,623.	61,765.	45,870.

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

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

Form 990 CONSERVATION MINNESOTA 41-2017329

Form 990 CONSERVATION Part VII Section A. Officers, Directors, True	MINNESOTA								41-20173	329
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd F	lighe	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl				app	lv)	compensation	compensation	amount of
	per	(0.			T	I	· <i>y,</i>	from	from related	other
	week					9		the	organizations	compensation
	(list any	10.				l ge		organization	(W-2/1099-MISC)	from the
	hours for	lirect				em		(W-2/1099-MISC)	(***-2/1099-141100)	organization
	related	9 Or C	tee			satec		(00-2/1099-101130)		and related
		uste	trus		99	ned				
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	livid	it t	Officer	y em	ghes	Former			
	line)	트	Ë	JO	å	± ±	요			
(27) TIM SEXTON	1.00									
DIRECTOR		Х						0.	0.	0
		1								
			$ldsymbol{ldsymbol{ldsymbol{eta}}}$				<u> </u>			
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otal to Part VII. Section A line 1c										
otal to Part VII, Section A, line 1c								I		

CONSERVATION MINNESOTA 41-2017329 Form 990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 475,000. d Related organizations 1d 197,636. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,528,784. 1f 99.718. g Noncash contributions included in lines 1a-1f 3,201,420 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 13,154 13,154. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 3,214,574. 0. 13,154,

Form **990** (2023)

Page 9

Total revenue. See instructions

Form 990 (2023) Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	, ,			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	142,553.	142,553.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	99,750.	99,750.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	124,344.	54,090.	59,436.	10,818.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,235,371.	848,668.	206,229.	180,474.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	52,705.	35,226.	10,320.	7,159.
9	Other employee benefits	128,714.	43,350.	85,364.	
10	Payroll taxes	105,572.	65,322.	27,343.	12,907.
11	Fees for services (nonemployees):				
а	Management	348.			348.
	Legal	4,776.	4,426.	350.	
С	Accounting	96,508.		96,508.	
d	Lobbying	12,536.	12,536.		
	Professional fundraising services. See Part IV, line 17	9,775.			9,775.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	259,731.	204,719.	55,012.	
12	Advertising and promotion	116,193.	115,995.	10.010	198.
13	Office expenses	318,235.	265,553.	19,342.	33,340.
14	Information technology	40,998.	37,958.	3,040.	
15	Royalties		25.122	27.212	
16	Occupancy	70,172.	35,129.	35,043.	
17	Travel	23,997.	18,157.	4,150.	1,690.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 502	20 652	001	
19	Conferences, conventions, and meetings	33,503.	32,673.	821.	9.
20	Interest				
21	Payments to affiliates	10 240		10 240	
22	Depreciation, depletion, and amortization	10,348.	2.502	10,348.	
23	Insurance	9,769.	2,582.	7,187.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	118,684.	118,594.	90.	
b	DIGITAL COMMUNICATIONS	102,897.	102,897.		
C					
d					
	All other expenses	80,460.	71,726.	8,734.	
25	Total functional expenses. Add lines 1 through 24e	3,197,939.	2,311,904.	629,317.	256,718.
26	Joint costs. Complete this line only if the organization	-,,	-,,	,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

CONSERVATION MINNESOTA 41-2017329 Page **11** Form 990 (2023)

Part X 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 306,829. 233,542. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 50,000. 482,636. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 663,547, 360,843. controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 26,644. Prepaid expenses and deferred charges 9 31,952. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 20,697. 10,349. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,067,717. 1,119,322. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 233,417. 268,387. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35%

> 850,935. 1,119,322.

> > Form 990 (2023)

268,387.

134,692.

716,243.

22

23

24

25

26

27

28

29

30

31

32

33

233,417.

165,860.

668,440.

834,300.

1,067,717.

23

24

27

29

30

31

32

33

Net Assets or Fund Balances

of Schedule D

Form	1990 (2023) CONSERVATION MINNESOTA	41-20173	29	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> </u>	574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3		939.
3	Revenue less expenses. Subtract line 2 from line 1	3		16,	635.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		834,	300.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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		850,	935.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	au audita, augusia vultuu aa Calaadula O aad daaasiba aasu ataaa taluaa ta wadayaa ayab aydita		0.5	l	I

Form **990** (2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name o	f the organization						Employer	identification number
		VATION MINNESOT						41-2017329
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	his part.) S	ee instructions	i <u>.</u>	
The orga	anization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or association	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). ((Attach Schedule E (Forn	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	l 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	llege or university owned	d or operat	ed by a go	overnmental un	it describe	ed in
	section 170(b)(1)(A)(iv).	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substa	ntial part of its support for	rom a gove	ernmental	unit or from the	e general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
	or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of t	ne college	or
	university:							
10	An organization that norma							
	activities related to its exen		•	. ,				•
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the orga	inization a	after June 30, 1975.
	See section 509(a)(2). (Co	•			=	201 1/41		
11	An organization organized	•	· · ·	•				
12	An organization organized a	•		-			•	• •
	more publicly supported or	~						Sneck the box on
, [lines 12a through 12d that Type I. A supporting orga	* *			-		-	aivina
a L	the supported organization	•	•	•	_			
	organization. You must o			i majority c	or title direc	tors or trustee.	3 01 1116 30	аррогинд
b [Type II. A supporting org			tion with it	s sunnorte	ed organization	(s) by hav	vina.
	control or management o	· ·				-	•	-
	organization(s). You mus			o po.oo			5 4.10 GG/PF	551154
сГ	Type III functionally inte			in connect	tion with, a	and functionally	v integrate	ed with.
	its supported organization					-	J	•
d [Type III non-functionally		•				ed organiz	zation(s)
	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
	requirement (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е [Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f En	ter the number of supported o	organizations						
g Pr	ovide the following information			(iv) le the era	anization listed			I (3) (3)
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of a support (see ins	-	(vi) Amount of other support (see instructions)
	Organization		above (see instructions))	Yes	No	support (see ins		support (see instructions)
					-			
				-	-			
				-	1			

Schedule A (Form 990) 2023

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,620,324.	2,363,132.	2,739,310.	2,828,594.	3,201,420.	12,752,780.
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	1,620,324.	2,363,132.	2,739,310.	2,828,594.	3,201,420.	12,752,780.
	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)						5,774,229.
6	Public support. Subtract line 5 from line 4.						6,978,551.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,620,324.	2,363,132.	2,739,310.	2,828,594.	3,201,420.	12,752,780.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,392.	1,481.	1,324.	2,801.	13,154.	22,152.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)			3,655.			3,655.
11	Total support. Add lines 7 through 10						12,778,587.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	7,760.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					14	54.61 %
	Public support percentage from 2022					15	57.25 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=	· ·	/I how the organiz	ation
	meets the facts-and-circumstances te	· ·	•		•	7	
b	10% -facts-and-circumstances test	-					U% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	, 16b, 1/a, or 17b,	, cneck this box ar	na see instructions	

Schedule A (Form 990) 2023

CONSERVATION MINNESOTA

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

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

Se	ction A. Public Support	now, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2023 (li			column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T .= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box an						
t	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						

CONSERVATION MINNESOTA

41-2017329

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	30		
	_		
	Зс		
	4a		
	4b		
	1.5		
	4c		
	Eo.		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	10b		
ماں	A (Forn	n ganı	5053
	,		

Sche	dule A	(Form 990) 2023 CONSERVATION MINNESOTA	41-2017329	Pa	age 5
Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or		
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	-	prized organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised. or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		inagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
a		The organization satisfied the Activities Test. Complete line 2 below.	,		
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	v (see instructior	ns).	
2	Activi	ties Test. Answer lines 2a and 2b below.	(000	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	33.		
-		Supported organizations? If "Ves " describe in Part VI the role placed by the organization in this regard	3b		

CONSERVATION MINNESOTA 41-2017329 Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

CONSERVATION MINNESOTA 41-2017329 Schedule A (Form 990) 2023 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2023

a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A	(Form 990) 2023	CONSERVATION MINNESOTA	41-2017329	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and	art II, line 10; Part II, line 17a or 17b; Part III, line 12; 11c; Part IV, Section B, lines 1 and 2; Part IV, Sectior a, and 3b; Part V, line 1; Part V, Section B, line 1e; Pa nplete this part for any additional information.	n C,
SCHEDULE	A, PART II, LINE 10,	EXPLANATION FOR OTHER INCOME:		
OTHER IN	COME			
2021 AMO	JNT: \$ 3,655.			

Schedule A (Form 990) 2023

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

CONSERVATION MINNESOTA

Employer identification number

41-2017329

co	NSERVATION MINNESOTA	41-2017329
Organization type (check	one):	
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	
• •	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled management here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ng requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page 2 Employer identification number Name of organization CONSERVATION MINNESOTA 41-2017329 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Х 1 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Х Person **Payroll** 99,718. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Х Person **Payroll** 475,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person **Payroll** 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person **Payroll** 650,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person **Payroll**

Noncash (Complete Part II for noncash contributions.)

250,000.

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number CONSERVATION MINNESOTA 41-2017329 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Х Person **Payroll** 125,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 Х Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Х Person **Payroll** 75,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person Х **Payroll** 197,636. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

CONSERVATION MINNESOTA

Employer identification number

41-2017329

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	
(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

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** CONSERVATION MINNESOTA 41-2017329 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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.

- 3	ection 50 f(c)(4), (5), or (6) organizar	lions. Complete Part III.			
Name	of organization			Em	ployer identification number
		ON MINNESOTA			41-2017329
Par	t I-A Complete if the org	janization is exempt und	ler section 501(c) (or is a section 527 o	rganization.
2 F	Provide a description of the organize of the organize of the organize of the organize of the organized or organized organized organized or organized organi	ures			\$
Par	t I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 6	Enter the amount of any excise tax	incurred by the organization un	der section 4955	•	\$
	Enter the amount of any excise tax				
3 I	f the organization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?		Yes No
4a \	Was a correction made?				Yes No
b l	f "Yes," describe in Part IV.				
Par	t I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).
1 8	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt funct	ion activities	\$
	Enter the amount of the filing organ		•		
	exempt function activities				\$
	Total exempt function expenditures		•		
	ine 17b				\$
	Did the filing organization file Form				
	Enter the names, addresses, and er made payments. For each organiza			-	
	contributions received that were pro		0 0		•
	political action committee (PAC). If				ate begregated faile of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990) 2023	CONSERVATION MI)17329 Page 2
Part II-A Complete if the org	ganization is exe	mpt under section	1501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organization	ation belongs to an af	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	are of excess lobbying	expenditures).			
B Check if the filing organization	ation checked box A a	and "limited control" pro	visions apply.		
Lim	ita an Labbuina Eva	anditures		(a) Filing	(b) Affiliated group
	its on Lobbying Expe	unts paid or incurred.)		organization's	totals
(The term expen	iartareo inicano amo	unto para or mourrour,		totals	
1a Total lobbying expenditures to infl	luence public opinion	(grassroots lobbying)		11,314.	
b Total lobbying expenditures to infl	luence a legislative bo	dy (direct lobbying)		1,222.	
c Total lobbying expenditures (add l	lines 1a and 1b)			12,536.	
d Other exempt purpose expenditur				3,185,403.	
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		3,197,939.	
f Lobbying nontaxable amount. Ent	ter the amount from th	ne following table in both	n columns.	309,897.	
If the amount on line 1e, column (a)	or (b) is: The lo	bbying nontaxable amo	ount is:		
not over \$500,000,	20% o	f the amount on line 1e.			
over \$500,000 but not over \$1,000	0,000, \$100,0	000 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	500,000, \$175,0	000 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not over \$17	,000,000, \$225,0	000 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000),000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			77,474.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter -0			0.	
j If there is an amount other than ze	ero on either line 1h o	r line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations t		501(h) election do not h	•	f the five columns be	low.
	<u> </u>	rate instructions for lin			
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	199,777	. 264,848.	305,896.	309,897.	1,080,418.
b Lobbying ceiling amount					1 600 608
(150% of line 2a, column(e))					1,620,627.
	20 652	7.650	47 040	10 506	06.004
c Total lobbying expenditures	28,653	7,652.	47,243.	12,536.	96,084.
	40 044	66 212	76 474	77 474	270 104
d Grassroots nontaxable amount	49,944	. 66,212.	76,474.	77,474.	270,104.
a i-raceroote colling amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					405,156.

6,250.

4,609.

43,841.

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

CONSERVATION MINNESOTA

41-2017329

Page 3

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)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	"
f the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ection 501(c)(5	ō), or sec	ction	
			Yes	
Were substantially all (90% or more) dues received nondeductible by members?		1		
, , , , , , , , , , , , , , , , , , , ,				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), second to 100 (c) (d) and if either (a) BOTH Part III-A, lines 1 and 2, are answered.	om the prior year ection 501(c)(5	2 3 5), or sec		3, i
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."	om the prior year ection 501(c)(5 ered "No" OR	2 3 5), or sec (b) Part l		3, i
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frat III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	om the prior year ection 501(c)(5 ered "No" OR	2 3 5), or sec (b) Part l		3, i
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frat 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 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	om the prior year ection 501(c)(f ered "No" OR political	2 3 5), or sec (b) Part I		3, i
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frat III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year	om the prior year's ection 501(c)(5 ered "No" OR opposition	2 3 5), or sec (b) Part I		3, i
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number**

	CONSERVATION MINNESOTA		41-2017329							
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or .	Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·							
		(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										
4	Aggregate value of grants from (during year) Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in v		Linda							
5	•	G								
_	are the organization's property, subject to the organization's									
6										
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring									
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	regisation are would Week as Four 000 Dat	Yes No							
			IV, line 7.							
1	Purpose(s) of conservation easements held by the organization									
	Preservation of land for public use (for example, recrea	<i>'</i>	istorically important land area							
	Protection of natural habitat	Preservation of a co	ertified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a								
	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 stru	ucture included on line 2a	2c							
d	Number of conservation easements included on line 2c acqui	• • •								
	on a historic structure listed in the National Register		2d							
3	Number of conservation easements modified, transferred, rele	leased, extinguished, or terminated by the org	anization during the tax							
	year									
4	Number of states where property subject to conservation eas	sement is located								
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it	t holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year							
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(I	3)(i)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	ement and							
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the							
	organization's accounting for conservation easements.									
Par			[•] Similar Assets.							
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.								
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	palance sheet works							
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furthe	rance of public							
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.								
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of									
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furtherar	nce of public service,							
	provide the following amounts relating to these items.									
	(i) Revenue included on Form 990, Part VIII, line 1		\$							
	(ii) Assets included in Form 990, Part X									
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gai	n, provide							
	the following amounts required to be reported under FASB A	SC 958 relating to these items:								
а	Revenue included on Form 990, Part VIII, line 1		\$							
b	Assets included in Form 990, Part X									

Sche	edule D (Form 990) 2023 CONSERVATION	N MINNESOTA					41	2017	/329	Pa	age 2
Pai	rt III Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	asures, or O	ther S	imilar As	sets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	ollowing that ma	ke signi	ficant use o	of its			
	collection items (check all that apply).										
а	Public exhibition	C	ı 🔲 ı	oan or excl	hange program						
b	Scholarly research	•	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	n how the	ey further th	e organization's	exempt	purpose in	Part X	(III.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or other si	milar as	sets				
	to be sold to raise funds rather than to be main	ntained as part of t	he organ	zation's col	llection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements Comple	te if the o	organization	answered "Yes	" on For	m 990, Par	t IV, lin	e 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodial	n, or other interme	diary for d	contribution	s or other assets	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	scrow or cu	stodial account	liability?		🔲	Yes		No
	If "Yes," explain the arrangement in Part XIII. C							<u></u>	<u></u>		
Pai	rt V Endowment Funds Complete if the	he organization an	swered "	es" on For	m 990, Part IV, li	ne 10.					
		(a) Current year	(b) P	rior year	(c) Two years ba	ack (d)	Three years	back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment%	, 5									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	ation that	are held an	nd administered t	for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the c		wment fu	ınds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV,	line 11a. S	ee Form 990, Pa	ırt X, line	10.				
	Description of property	(a) Cost or o					ımulated		(d) Book	value)
		basis (investr	ment)	basis	(other)	depre	ciation	┷			
1a	Land										
	Buildings							—			
С	Leasehold improvements							—			
d	Equipment										
	Other				60,897.		50,548	↓		10,3	
Total	Add lines 1a through 1e (Column (d) must on	ual Form 000 Part	V line 10	o column	(D))			1		10.3	349.

Schedule D (Form 990) 2023

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

332054 09-28-23

	dule D (Form 990) 2023 CONSERVATION MINNESOTA		41-2017329	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	T XII Reconciliation of Expenses per Audited Financial Sta	=	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		ТТ	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
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			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	5	
	t XIII Supplemental Information			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part X, line 2; Pa	rt XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		
D 3 D 11	LV TIME O			
PART	X, LINE 2:			
3 M3	V DVDDVAD OD DDVDDIM DDOW AN UNADDRAIN INCOME MAY DOGIMIC	N / TNGI IIDTNG		
A 1'A	X EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITIO	N (INCLUDING		
m 3 37	DADADE GENERAL MAN DE DEGOGNICAD ONLY MIND IN TO MODE LIV	TI V MUAN NOM		
TAX-	EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIK	ELY THAN NOT		
m113 m	MAN DOGUMEN WILL DE GUGMATNED UDON BYANTNAMION DY MANTA	70		
THA:I	THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXIN	lG		
3 11001	CODERED AND ADMINISTRATION OF THE OPENING MANY NO. IN	CEDES TN		
AUTE	ORITIES. MANAGEMENT BELIEVES THE ORGANIZATIONS HAVE NO UN	CERTAIN		
TNOC	ME MAY DOGETHONG THAT WOLLD DEGLET IN AN ACCOUNT. TURNING	OD DENDETE		
INCC	ME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE	OR BENEFIT		
mm	D MAID MODEL LIVELY MILLY NOW CHANDADD			
UNDE	R THE MORE LIKELY THAN NOT STANDARD.			

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public Inspection

Name of the organization CONSERVATION 1	Employer identification number 41-2017329						
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist per Describe in Part IV the organization's properties. Part II Grants and Other Assistance to II.	tance? cedures for monit Domestic Organia	oring the use of grant	funds in the United	States. Complete if the org			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	be duplicated if additi (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL INITIATIVE 807 BROADWAY STREET NE #230 MINNEAPOLIS, MN 55413	41-1718834	501(C)3	32,500.	0.	N/A	N/A	GENERAL SUPPORT
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVENUE W SAINT PAUL, MN 55103	41-1690483	501(C)3	75,000.	0.	N/A	N/A	GENERAL SUPPORT
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				1.

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023 CONSERVATION MINNESOTA	A				41-2017329	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
UPSTREAM STIPENDS	7	1,750.	0.			
TEACHER STIPENDS	39	98,000.	0.			
Part IV Supplemental Information. Provide the information red	 quired in Part I, lin	 e 2; Part III, column	(b); and any other ac	 dditional information.		
					· · · · · · · · · · · · · · · · · · ·	

332102 11-01-23 Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

CONSERVATION MINNESOTA

Employer identification number 41-2017329

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

CONSERVATION MINNESOTA

41-2017329

Page 2

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL AUSTIN	(i)	91,190.	0.	0.	6,393.	26,134.	123,717.	0.
EXECUTIVE DIRECTOR	(ii)	54,110.	0.	0.	0.	0.	54,110.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023	CONSERVATION MINNESOTA	41-2017329	Page 3
Part III Supplemental Information	n		
Provide the information, explanation	, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part for any additional information.	
PART I, LINE 3:			
·			
THE ORGANIZATION REVIEWS AN	ND APPROVES COMPENSATION OF THE EXECUTIVE		
DIRECTOR REGULARLY.			

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CONSERVATION MINNESOTA

Employer identification number
41-2017329

CONDERVA	TION MINNESOIA			41 201/32	,	
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 501	(c)(4), and secti	ion 501(c)(29) orgar	nizations only)		
	on answered "Yes" on Form 990, Part IV, li					
1	(b) Relationship between disqualified	(-)	Description of two		(d) Cori	ected?
(a) Name of disqualified person	person and organization	(c)	Description of trans	saction	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2 Enter the amount of tax incurred b	y the organization managers or disqualified	l persons during	g the year under			
section 4958				\$		
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organization	on		\$		
Part II Loans to and/or Fro	m Interested Persons					
Complete if the organization	on answered "Yes" on Form 990-EZ, Part V	, line 38a, or Fo	orm 990, Part IV, lin	e 26; or if the orc	ganization	
reported an amount on Fo	rm 990, Part X, line 5, 6, or 22.					
(a) Name of (b) Relat	ionshin (c) Purpose (d) Loan to or (e)	Original	(f) Ralance due	(a) In (h) A	pproved (i)	Written

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	an to or n the	(e) Original principal amount	(f) Balance due	(g) defa	,	(h) Ap by bo comm	ard or	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)CONSERVATION	35% CONT	EXPENSE		Х	361,283.	360,843.		Х		Х		Х
(2)												
(3)												
(4)												
(5)												
(6)												
_(7)												
_(8)												
(9)												
(10)												
Total	•	•		<u> </u>	\$	360,843.						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

CONSERVATION MINNESOTA 41-2017329 Schedule L (Form 990) 2023 Page 2 Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Ye<u>s</u> No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L. See instructions. SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: CONSERVATION MN VOTER CENTER (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY (C) PURPOSE OF LOAN: EXPENSE ALLOCATIONS

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	CONSERVATION MINNE	SOTA				41-20	1732	9	
Par	t 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	ı	(d) Method of det noncash contribut			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	99,718.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	-	•						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28,	that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period?						30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	,	31		х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?					[32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	cked,				
	describe in Dort II								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 CONSERVATION MINNESOTA	41-2017329	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	and 33, and whether the organ a combination of both. Also co	ization
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS IS REPORTED IN COLUMN B.		
SCHEDULE M, LINE 32B:		
CONSERVATION MINNESOTA USES A THIRD PARTY INVESTMENT COMPANY TO CONVERT		
DONATED STOCK INTO CASH.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

CONSERVATION MINNESOTA 41-2017329 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE YOU WITH THE INFORMATION YOU NEED TO MAKE DECISIONS FOR YOUR FAMILY, COMMUNITY AND FUTURE. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEE WHICH HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. ONCE AVAILABLE A DRAFT IS REVIEWED BY THE FINANCE COMMITTEE. THE EXECUTIVE DIRECTOR AND OPERATIONS DIRECTOR. THE FORM 990 IS THEN PRESENTED TO THE BOARD AND APPROVED PRIOR TO FILING, FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR ANNUALLY COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM. IF ANY CONFLICTS ARISE, THE MEMBER WITH THE CONFLICT IS EXCUSED FROM DISCUSSIONS AND VOTES REGARDING THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY COMPARING TO A LOCAL NONPROFIT SALARY SURVEY AND APPROVED BY THE BOARD PRESIDENT, FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES AVAILABLE ALL DOCUMENTS REQUIRED BY LAW.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

CONSERVATION MINNESO	TA				41-2017329		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct of	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	mpt	
(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	contr	g) 512(b)(13) rolled tity?
CONSERVATION MINNESOTA VOTER CENTER, INC 41-1949625, 1101 WEST RIVER PARKWAY, #250, MINNEAPOLIS, MN 55415	EDUCATING VOTERS ON	MINNESOTA	501(C)(4)	501(c)(3))	CONSERVATION MINNESOTA	Yes	No
CLIMATE VOTE MINNESOTA - 84-5045364 1101 WEST RIVER PARKWAY, #250					CONSERVATION MINNESOTA VOTER		

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

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CENTER, INC.

CONSERVATION

CENTER, INC.

MINNESOTA VOTER

MINNEAPOLIS, MN 55415

MINNEAPOLIS, MN 55415

CONSERVATION MINNESOTA VOTER FUND

74-2969265, 1101 WEST RIVER PARKWAY, #250,

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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.

organizations treated as a par	and the daming and the	. ,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	ո)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under 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	Gene mana parti	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										\prod		
										\Box		
	ı			ı	ı .				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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No

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Par	Transactions With Related Organizations. Complete if the organization answer	wered "Yes" on Forn	n 990, Part IV, line 34, 35b	, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
_							v
t	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1 g		
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
Ŭ	Chairing of paid chippoyoco with rolated organization(c)						
р	Reimbursement paid to related organization(s) for expenses				1p		х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above it is "Yes," in the above i	ho must complete th	nis line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
			485.000				

(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.	С	475,000.	CASH RECEIVED
(2) CONSERVATION MINNESOTA VOTER CENTER, INC.	D	360,843.	BOOK VALUE
(3) CONSERVATION MINNESOTA VOTER CENTER, INC.	0	604,219.	REIMBURSED COSTS
(4) CLIMATE VOTE MINNESOTA	0	241.	REIMBURSED COSTS
<u>(5)</u>			
(6)			

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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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

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Part VII	R (Form 990) 2023 Supplemental Info	rmation		
		nation for responses to questions on Schedule R. See instructions.		
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